

Instructions

For immediate online absolute neutrophil count (ANC) reporting, please go to www.clozapinerems.com.

Use this form to submit ANC monitoring information or update patient information.

Prescribers must:

- Order ANC according to the monitoring frequency described in the Prescribing Information.
- Submit ANC according to the patient's monitoring frequency on file with the Clozapine REMS Program:
 - For weekly monitoring frequency, ANC must be submitted to the Clozapine REMS Program within 7 days of the lab draw* date
 - For every two weeks monitoring frequency, ANC must be submitted to the Clozapine REMS Program within 15 days of the lab draw* date
 - For monthly monitoring frequency, ANC must be submitted to the Clozapine REMS Program within 31 days of the lab draw* date

*Assumes the lab draw date is day 0

Section 1: ANC Lab Reporting and Prescriber Information (All Fields Required)

Name:		NPI or DEA:	
Phone:	Email:		Fax:
Submitter:	<input type="checkbox"/> Prescriber	<input type="checkbox"/> Prescriber Designee	<input type="checkbox"/> Pharmacy

Patient Information (All Fields Required Unless Otherwise Indicated)

Name:		REMS Patient ID (optional):	
Date of Birth (MM/DD/YYYY):	Zip Code:	Gender:	

ANC Monitoring (All Fields Required)

Blood Draw Date (MM/DD/YYYY):	ANC (per µL):
-------------------------------	---------------

Section 2: Patient Treatment Status Update (If Applicable)

Complete this section to change this patient's treatment status. If this section is left blank, no changes will be made.

I want to change this patient's treatment status to: (check one)

- Active* Interrupted Discontinued

*Restarting or continuing clozapine requires a "Treatment Rationale" for patients with moderate or severe neutropenia. Please refer to *Treatment Rationale* section below.

Section 3: Prescriber or Designee Authorization: Patient Monitoring Frequency Update (If Applicable)

Complete this section to change the patient's monitoring frequency. If this section is left blank, no changes will be made.

Based on the clozapine Prescribing Information, my patient is eligible for a change in ANC monitoring frequency. By selecting 'monthly,' I attest that this patient: is eligible for monthly monitoring, has been on clozapine therapy continuously for one year, and all ANC results in the past 12 months have been within normal limits according to the Prescribing Information.

- Weekly Every 2 weeks Monthly

Prescriber or Designee Name:

Prescriber or Designee Signature:

Date (MM/DD/YYYY):

Section 4: Prescriber Authorization: Treatment Rationale or Hospice Care (If Applicable)

Complete this section to continue treatment if the patient has moderate neutropenia (ANC 500-999/µL for the general population) or severe neutropenia (ANC<500/µL for the general population and patients with benign ethnic neutropenia).

To provide a *Treatment Rationale*, check one and sign below:

- Benefits of continuing clozapine treatment outweigh the risk of neutropenia
- Until next ANC Lab
- Until (MM/DD/YYYY) _____ (not to exceed 6 months)
- This is a patient with documented benign ethnic neutropenia (no expiration)

For hospice patients (i.e., terminally-ill patients with an estimated life expectancy of six months or less), the prescriber may reduce the ANC monitoring frequency to once every 6 months after a discussion with the patient and his/her caregiver.

To change the monitoring frequency to once every 6 months for a hospice patient, check the box and sign below:

- This is a hospice patient

Prescriber Name:

NPI or DEA#:

Prescriber Signature:

Date (MM/DD/YYYY):