

**Instructions****For immediate certification, please go to [www.clozapinerems.com](http://www.clozapinerems.com).**

To submit this form via fax, please complete all required fields below and fax to 844-404-8876. You will receive a confirmation via the contact preference listed below.

**Clozapine is only available through the Clozapine Risk Evaluation and Mitigation Strategy (REMS) Program. In order to access the Clozapine REMS Program as a prescriber designee, you must complete this form.**If you have any questions, require additional information, or need copies of Clozapine REMS Program documents, please visit the Clozapine REMS Program Website at [www.clozapinerems.com](http://www.clozapinerems.com), or call the Clozapine REMS Program Contact Center at 844-267-8678.**Designee Requirements**

By signing this form, I acknowledge that I will act on behalf of the certified prescriber identified below to comply with the Clozapine REMS Program requirements.

I understand:

- Clozapine is only available through the Clozapine REMS Program and that I must comply with the program requirements.
- There is a risk of severe neutropenia associated with clozapine which can lead to serious infection and death.
- Outpatient<sup>1</sup> Settings:** An absolute neutrophil count (ANC) must be submitted to the Clozapine REMS Program for each patient according to the following monitoring frequency, and I understand these results must be provided before clozapine can be dispensed:
  - 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 lab draw\* date
- \*Assumes the lab draw date is day 0
- A certified prescriber must authorize the continuation of clozapine treatment if the patient has moderate or severe neutropenia before clozapine can be dispensed to a patient.
- Clozapine manufacturers or their agents and contractors may contact me via phone, mail, or email to survey me on the effectiveness of the program requirements for the Clozapine REMS Program.
- Personnel from the Clozapine REMS Program or a designated third party acting on behalf of the Clozapine Sponsors may contact me to gather information, resolve discrepancies, or to provide other information related to the Clozapine REMS Program.
- I will not share my credentials for the Clozapine REMS Program Website or allow others to sign in to the website using my credentials.

<sup>1</sup>Patients treated on an outpatient or chronic basis, includes but is not limited to those receiving clozapine via retail drug-stores, ambulatory care pharmacies, and pharmacies dispensing to long-term care, rehabilitation facilities and prison systems.**Designee Information (All Fields Required Unless Otherwise Indicated)**

First Name:		Last Name:	
Email:			
Phone:	Ext (opt):	Fax:	
Contact Preference (please select one): <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Prescriber Designee Signature:			Date (MM/DD/YYYY):

**Prescriber Information (All Fields Required Unless Otherwise Indicated)**

First Name:		Last Name:	
REMS Certification ID (opt):	DEA:	NPI:	
Prescriber's Signature:			Date (MM/DD/YYYY):