

INSTRUCTIONS

1. Review the ZULRESSO REMS Training.
2. Complete this Knowledge Assessment and ZULRESSO REMS Healthcare Setting Enrollment Form.
3. Submit both pages of the Knowledge Assessment questions and the Healthcare Setting Enrollment Form online to the ZULRESSO REMS through the REMS Website at www.zulressorems.com, by fax to 833-564-7243 or by email to information@zulressorems.com. You can also mail this form to 7751 Brier Creek Parkway, Suite 200, Raleigh, NC 27617.

You will be notified via email about the status of your certification within 2 business days of submission.

When contacted, you will receive either:

- Confirmation of your certification in the ZULRESSO REMS

OR

- Instructions on how to retake the Healthcare Setting Knowledge Assessment

If you do not answer all 10 questions correctly in 3 attempts, you will be instructed to rereview the ZULRESSO REMS Training.

Once reviewed, you will have an opportunity to retake the Healthcare Setting Knowledge Assessment.

HEALTHCARE SETTING INFORMATION

Healthcare Setting Name		Department	
Site Type: <input type="checkbox"/> Hospital <input type="checkbox"/> Infusion Center <input type="checkbox"/> Other			
National Provider Identifier (NPI) #		Phone Number (Area Code/Telephone Number)	
Address			
City	State	ZIP	

AUTHORIZED REPRESENTATIVE INFORMATION

First Name		Last Name	
National Provider Identifier (NPI) #			
Phone Number (Area Code/Telephone Number)		Fax Number (Area Code/Fax Number)	
Email			

Please visit www.zulressorems.com or call 844-472-4379 for more information about the ZULRESSO REMS.

QUESTIONS 1-10

1. The approved indication for ZULRESSO is for adults with:
 - a. Migraine
 - b. Liver failure
 - c. Postpartum depression
 - d. Relapsing multiple sclerosis
 - e. Bipolar depression
2. A Healthcare Setting can administer ZULRESSO to a patient before certifying in the ZULRESSO REMS.
 - a. True
 - b. False
3. To become a certified Healthcare Setting in the ZULRESSO REMS, the Authorized Representative for the Healthcare Setting should (check all that apply):
 - Develop processes and procedures to enroll patients in the ZULRESSO REMS prior to administration of ZULRESSO
 - Develop processes and procedures to ensure staff are trained to administer ZULRESSO
 - Ensure any new Authorized Representative is enrolled in the ZULRESSO REMS and completes the Healthcare Setting Knowledge Assessment
4. The Healthcare Providers at the certified Healthcare Setting administering ZULRESSO should counsel patients on which of the following before administering ZULRESSO? (check all that apply)
 - There is a risk for harm resulting from excessive sedation and sudden loss of consciousness
 - Patients will be monitored for excessive sedation and sudden loss of consciousness for the duration of the infusion
 - Patients will be monitored using continuous pulse oximetry
 - Patients must be accompanied during interactions with their child(ren) while receiving the infusion
5. During the administration of ZULRESSO, staff at the Healthcare Setting must (check all that apply):
 - Continuously monitor pulse oximetry
 - Perform urinalysis every 24 hours
 - Provide monitoring of the patient every 2 hours
6. A Healthcare Provider administering ZULRESSO should immediately stop the infusion pump for the following reasons (check all that apply):
 - The patient is sleeping, in the evening (planned)
 - Pulse oximeter indicates hypoxia
 - The patient has excessive sedation
 - The patient has loss of consciousness
7. If a patient loses consciousness during the administration of ZULRESSO, the Healthcare Provider must (check all that are true):
 - Complete only the Excessive Sedation and Loss of Consciousness Adverse Event Form
 - Complete only the Post Infusion Form
 - Complete both the Post Infusion Form and the Excessive Sedation and Loss of Consciousness Adverse Event Form
8. The ZULRESSO REMS Post Infusion Form should (check all that are true):
 - Not be completed if the patient only received 8 hours of the infusion
 - Be completed if the patient receives any of the infusion or is not infused
 - Indicate if a loss of consciousness or excessive sedation event occurred
 - Capture the start and end date and time of the infusion if the infusion was administered
9. After treatment with ZULRESSO, the Post Infusion Form must be sent to the ZULRESSO REMS within how many business days?
 - a. 3 business days
 - b. 7 business days
 - c. 15 business days
 - d. Not necessary to return
10. It is optional to train all new Healthcare Providers involved in the administration of ZULRESSO on the processes and procedures of the ZULRESSO REMS.
 - a. True
 - b. False