Welcome to the ZYPREXA RELPREVV Patient Care Program

The goal of the ZYPREXA RELPREVV Patient Care Program is to mitigate the risk of negative outcomes associated with ZYPREXA RELPREVV post-injection delirium/sedation syndrome (PIDS).

For a tour of the ZYPREXA RELPREVV Patient Care Program system click here.

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Your California Privacy Rights
Terms Of Use

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VERSION: 1.38.0.1 PP-00-U.S.-0064 03/0221
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Welcome to the ZYPREXA RELPREVV Patient Care Program

The goal of the ZYPREXA RELPREVV Patient Care Program is to mitigate the risk of negative outcomes associated with ZYPREXA RELPREVV post-injection delirium/sedation syndrome (PDSS).

For a tour of the ZYPREXA RELPREVV Patient Care Program system click here.
ON-LINE TRAINING

Select your role(s) from the list below to access required training. 

**Prescriber**

**Healthcare Facility Staff**

**Pharmacy Service Providers** (pharmacies and buy & bill pharmacy service providers)

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**PRIVACY POLICY**

**TERMS OF USE**

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Please see Prescribing Information for full details about the use of ZYPREXA RELPREVIV, including Boxed Warnings.

This site is intended for U.S. residents age 18 and over.

For more information about ZYPREXA RELPREVIV, contact your doctor or other healthcare professional.

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VERSIE: 1.3.1. PP CO: U1-0064-03/2021

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Reference ID: 4786995
Required Prescriber Training

1. ZYPREXA RELPREVX Patient Care Program Instructions Brochure
2. Healthcare Professional Training (select one)
   - Slide Presentation
   OR
   - Recorded Presentation

ADDITIONAL RESOURCES

Post-Injection Delirium/Sedation Syndrome Case Study Video

Once you have completed the required training, submit the appropriate registration form.
Required Prescriber Training

1. ZYPREXA RELPREVX
2. Healthcare Professional Training
   - Slide Presentation
   OR
   - Recorded Presentation

ADDITIONAL RESOURCES

Post-Injection Delirium/Sedation Syndrome

Once you have completed the required training, you will be prompted to review additional resources.
ZYPREXA RELPREVV™
(olanzapine) For Extended Release Injectable Suspension
Training for Healthcare Professionals

Please see the Prescribing Information and the Reconstitution and Administration Poster before using ZYPREXA RELPREVV™

1. ZYPREXA RELPREVV Patient Care Program Instructions Brochure
2. Healthcare Professional Training (select one)
   - Slide Presentation

https://www.zyprexarelprevvprogram.com/public/home.htm
1. ZYPREXA RELPREVV Patient Care Program Instructions Brochure
2. Healthcare Professional Training (select one)
   - Slide Presentation

The goal of this presentation is to educate healthcare professionals in an effort to mitigate negative outcomes associated with ZYPREXA RELPREVV post-injection delirium/sedation syndrome (PIDS).

Healthcare professionals include: physicians, nurses and any other professionals who will be involved with the care of the patient receiving the injection.

Please use the Prescribing Information and the Reconstitution and Administration Poster before using ZYPREXA RELPREVV.
1. ZYPREXA RELPREVV Patient Care Program Instructions Brochure
2. Healthcare Professional Training (select one)
Required Healthcare Facility Staff Training

1. Healthcare Professional Training (select one)
   - Slide Presentation
   - Recorded Presentation

2. ZYPREXA RELPREVX Patient Care Program Instructions Brochure

Additional Resources

Post-Injection Delirium/Sedation Syndrome Case Study Video

Once all the appropriate staff from a healthcare facility have completed the required training, a representative from the facility must submit the Healthcare Facility Registration Form.
The goal of this presentation is to educate healthcare professionals in an effort to mitigate negative outcomes associated with ZYPREXA RELPREVV post-injection delirium/sedation syndrome (PDSS). Healthcare professionals include: physicians, nurses and any other professionals who will be involved with the care of the patient receiving the injection.
Instructions to Reconstitute and Administer ZYPREXA RELPREVV

FOR DEEP INTRAMUSCULAR GLUTEAL INJECTION ONLY. NOT TO BE INJECTED INTRAVENOUSLY OR SUBCUTANEOUSLY.

For Important Safety Information, including boxed warnings, see the full Prescribing Information provided.

STEP 1 PREPARING MATERIALS

Convenience kit includes:
(See Figure 1 on left)
- Vial of ZYPREXA RELPREVV powder
- 3-mL vial of diluent
- One 3-mL syringe with pre-attached 19-gauge, 1.5-inch (38 mm) Hypodermic Needle-Pro® needle with needle protection device
- Two 19-gauge, 1.5-inch (38 mm) Hypodermic Needle-Pro needles with needle protection device.
- For obese patients, a 2-inch (50 mm), 19-gauge or larger needle (not included in convenience kit) may be used for administration.

- ZYPREXA RELPREVV must be suspended using only the diluent supplied in the convenience kit. It is recommended that gloves are used when reconstituting, as ZYPREXA RELPREVV may be irritating to
1. **ZYPREXA RELPREVY Patient Care Program Instructions Brochure**

   It is the responsibility of the pharmacy service provider representative to assure that all staff involved with dispensing ZYPREXA RELPREVY have reviewed the ZYPREXA RELPREVY Patient Care Program Instructions Brochure prior to submitting one of the registration forms below.

   - **Pharmacy Registration Form**  
     OR
   - **Buy & Bill Pharmacy Service Provider* Registration Form**

   *Buy & Bill Pharmacy Service Provider - a licensed healthcare provider that purchases pharmaceuticals through a licensed distributor for its own use in the treatment of a patient and then includes the cost of the pharmaceutical in its billing of patients and third-party payers.
ZYPREXA RELPREVV Patient Care Program

Required Pharmacy Service Provider Training

ZYPREXA RELPREVV Patient Care Program Instructions Brochure

zyprexaRelprevv™
(olanzapine) For Extended Release Injectable Suspension
Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

**Prescriber Registration Form**

**Pharmacy Registration Form**

**Buy & Bill Pharmacy Service Provider Registration Form**

**Patient Registration Form**
- Patient Copy

**Healthcare Facility Registration Form**
Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

**Prescriber Registration Form**

**Pharmacy Registration Form**

**Buy & Bill Pharmacy Service Provider Registration Form**

**Patient Registration Form**
- Patient Copy

**Healthcare Facility Registration Form**
ZYPREXA RELPREVIV Patient Care Program

To be enrolled in the ZYPREXA RELPREVIV Patient Care Program, complete this form.
Training must be completed before a prescriber may be enrolled in the ZYPREXA RELPREVIV
Patient Care Program.

<table>
<thead>
<tr>
<th>PRESCRIBER REGISTRATION FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESCRIBER INFORMATION</strong></td>
</tr>
<tr>
<td>First Name: [ ]  MI: [ ]  Last Name: [ ]</td>
</tr>
<tr>
<td>Degree: [ ] MD  [ ] DO  [ ] NP  [ ] PA  [ ] Nurse with prescriptive authority  [ ] Other with prescriptive authority</td>
</tr>
<tr>
<td>License Number: [ ]  State of Issue: [ ]</td>
</tr>
<tr>
<td>Treatment Facility/Practice (where you see your patients): [ ]</td>
</tr>
<tr>
<td>Address Line 1: [ ]</td>
</tr>
<tr>
<td>Address Line 2: [ ]</td>
</tr>
<tr>
<td>City: [ ]  State: [ ]  Zip: [ ]</td>
</tr>
<tr>
<td>Phone: [ ]  Alternate Phone: [ ]</td>
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<tr>
<td>Fax: [ ]  Prescriber Email: [ ]</td>
</tr>
<tr>
<td>Preferred Method of Communication: [ ] Email  [ ] Fax</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIBER AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing below, I acknowledge that:</td>
</tr>
<tr>
<td>[ ] I understand the ZYPREXA RELPREVIV Patient Care Program requirements and the risks associated with ZYPREXA RELPREVIV.</td>
</tr>
<tr>
<td>[ ] I have completed the mandatory ZYPREXA RELPREVIV training.</td>
</tr>
<tr>
<td>[ ] I understand the clinical presentation of post-injection delirium/sedation syndrome (PDSS) and how to manage patients should an event occur while using ZYPREXA RELPREVIV;</td>
</tr>
<tr>
<td>[ ] I understand that ZYPREXA RELPREVIV should only be initiated in patients for whom tolerability with oral olanzapine has been established;</td>
</tr>
<tr>
<td>[ ] I understand that ZYPREXA RELPREVIV should only be administered to patients in healthcare settings (e.g., hospitals, clinics) that have ready access to emergency response services and that can allow for continuous patient monitoring for at least 3 hours post-injection.</td>
</tr>
<tr>
<td>[ ] I will ensure all suspected cases of PDSS are reported to the ZYPREXA RELPREVIV Patient Care Program within 24 hours of becoming aware of the event.</td>
</tr>
</tbody>
</table>

Reference ID: 4786995
ZYPREXA RELPREVX Patient Care Program

Prescriber Registration Form

City: [ ] Stated: [ ] Zip: [ ]
Phone: [ ]-____ Alternate Phone: [ ]-____
Fax: [ ]-____ Prescriber Email: [ ]

Preferred Method of Communication: ○ Email ○ Fax

Prescriber Agreement

By signing below, I acknowledge that:

☐ I understand the ZYPREXA RELPREVX Patient Care Program requirements and the risks associated with ZYPREXA RELPREVX.
☐ I have completed the mandatory ZYPREXA RELPREVX training.
☐ I understand the clinical presentation of post-injection delirium/sedation syndrome (PDSS) and how to manage patients should an event occur while using ZYPREXA RELPREVX.
☐ I understand that ZYPREXA RELPREVX should only be initiated in patients for whom tolerability with oral olanzapine has been established.
☐ I understand that ZYPREXA RELPREVX should only be administered to patients in healthcare settings (e.g., hospitals, clinics) that have ready access to emergency that can allow for continuous patient monitoring for at least 3 hours post-injection.
☐ I will enroll all patients in the ZYPREXA RELPREVX Patient Care Program registry prior to prescribing ZYPREXA RELPREVX by completing the Patient Registration Form.
☐ I will report all suspected cases of PDSS are reported to the ZYPREXA RELPREVX Patient Care Program within 24 hours of becoming aware of the event.
☐ I will review the ZYPREXA RELPREVX Medication Guide with each patient prior to prescribing.
☐ I understand that the ZYPREXA RELPREVX Patient Care Program Coordinating Center may contact me to resolve discrepancies, to obtain information about a patient with an occasional survey.

I may cancel this registration by notifying the ZYPREXA RELPREVX Patient Care Program Coordinating Center by fax at 1-877-772-9391 or by phone at 1-877-772-9391.

If I revoke my registration, I will no longer be eligible to prescribe ZYPREXA RELPREVX.

Lily may disenroll prescribers that are non-compliant with the program requirements.

☐ I attest that I am the Prescriber, and understand that by clicking submit the information provided on this form is true and accurate.

State License Number: [ ]

Phone 1-877-772-9391 FAX 1-877-772-9391 www.zyprexarelprevxprogram.com
registrations/PresRegister.aspx?TC=3

Submit Cancel

Reference ID: 4786995
PREScriber REGISTRATION FORM

City: ___________________________ State: _______ Zip: _______
Phone: _______ Alternate Phone: _______
Fax: _______ Prescriber Email: ____________________________

Preferred Method of Communication: □ Email □ Fax

PREScriber AGREEMENT

By signing below, I acknowledge that:

□ I understand the ZYPREXA RELPREVV Patient Care Program requirements and the risks associated with ZYPREXA RELPREVV.
□ I have completed the mandatory ZYPREXA RELPREVV training.
□ I understand the clinical presentation of post-injection delirium/sedation syndrome (PDSS) and how to manage patients should an event occur while using ZYPREXA RELPREVV.
□ I understand that ZYPREXA RELPREVV should only be initiated in patients for whom tolerability with oral olanzapine has been established;
□ I understand that ZYPREXA RELPREVV should only be administered to patients in healthcare settings (e.g., hospitals, clinics) that have ready access to emergency care that can allow for continuous patient monitoring for at least 3 hours post-injection.
□ I will enroll all patients in the ZYPREXA RELPREVV Patient Care Program.
□ I will review the ZYPREXA RELPREVV Medication Guide with each patient.
□ I understand that the ZYPREXA RELPREVV Patient Care Program may be modified or discontinued at any time. I will inform all patients of this event by completing the Patient Registration Form and calling the Patient Registration Coordination Center at 1-877-772-9391.
□ I will become aware of the event.

I may cancel this registration by notifying the ZYPREXA RELPREVV Patient Care Program Coordinating Center by fax at 1-877-772-9391 or by phone at 1-877-772-9391.

If I revoke my registration, I will no longer be eligible to prescribe ZYPREXA RELPREVV.

Lilly may disenroll prescribers that are non-compliant with the program requirements.

□ I, attest that I am the Prescriber, and understand that by clicking submit the information provided on this form is true and accurate.

State License Number: ____________________________

Phone 1-877-772-9391  TOLL FREE Phone 1-877-772-9391  www.zyprexa-relprevv.com

Submit  Cancel
Registration Forms

Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

Prescriber Registration Form
Pharmacy Registration Form
Buy & Bill Pharmacy Service Provider Registration Form
Patient Registration Form
  • Patient Copy
Healthcare Facility Registration Form
# ZYPREXA RELPREVV Patient Care Program

## Pharmacy Registration Form

### Pharmacy Information
- **Pharmacy/Hospital Name:**
- **Pharmacy DEA Number:**
- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **Zip:**

### Patient Information
- **Ship To Address (if the same as above check here):**
- **Ship To Contact Name:**
- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **Zip:**

### Pharmacist Information
- **First Name:**
- **Middle Initial:**
- **Last Name:**
- **Fax:**

### Pharmacist in Charge Agreement

By signing below, I acknowledge that:

Registro de RELPREVV

Reference ID: 4786995
ZYPREXA RELPREVV Patient Care Program

PHARMACY REGISTRATION FORM

City: State: Zip: 
Primary Phone: Secondary Phone: Fax: 

PHARMACIST-IN-CHARGE INFORMATION

First Name: M.: Last Name: Phone: Fax: 
(F different from above) (different from above)

PHARMACIST-IN-CHARGE AGREEMENT

By signing below, I acknowledge that:

☐ I have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff are trained and have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff understand that ZYPREXA RELPREVV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have response services and that can allow for continuous patient monitoring for at least 3 hours post-injection.
☐ I will ensure that pharmacy staff will verify that the patient is enrolled in the ZYPREXA RELPREVV Patient Care Program registry prior to dispensing each prescription/refill by accessing the program.
☐ I will ensure that pharmacy staff will not dispense ZYPREXA RELPREVV directly to patients.
☐ I will ensure pharmacy staff report the date of each ZYPREXA RELPREVV dispensing to the ZYPREXA RELPREVV Patient Care Program.
☐ For each dispense I will ensure prescription verification (includes patient eligibility check and recording the dispense date) is completed on the date of dispense, prior to the conveyance of the product to the pharmacy.
☐ I understand that the ZYPREXA RELPREVV Patient Care Program Coordinating Center may contact the pharmacy to clarify information provided or to obtain information about the program.

I may cancel this registration by notifying the ZYPREXA RELPREVV Patient Care Program Coordinating Center by fax at 1-877-772-9391 or by phone at 1-877-772-9390. If I cancel, Lilly RELPREVV to the pharmacy.

☐ I, attest that I am the Pharmacist-In-Charge, and understand that by clicking submit the information provided on this form is true and accurate

Confirm DEA #: 

Submit Cancel

Phone 1-877-772-9390 FAX 1-877-772-9391 www.zyprexaelpreppv.com

Reference ID: 4786995
Reference ID: 4786995

PHARMACY REGISTRATION FORM

City: [ ] State: [ ] Zip: [ ]
Primary Phone: [ ] Secondary Phone: [ ]
Fax: [ ]

PHARMACIST-IN-CHARGE INFORMATION

First Name: [ ] MI: [ ] Last Name: [ ]
Email: [ ]
Phone: [ ] Fax: [ ]
(If different from above) (If different from above)

PHARMACIST-IN-CHARGE AGREEMENT

By signing below, I acknowledge that:

☐ I have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff are trained and have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff understand that ZYPREXA RELPREVV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have immediate access to emergency services and that can allow for continuous patient monitoring for all patients.
☐ I will ensure that pharmacy staff will verify that the patient is enrolled in the program.
☐ I will ensure that pharmacy staff will not dispense ZYPREXA RELPREVV directly to the patient.
☐ I will ensure pharmacy staff report the date of each ZYPREXA RELPREVV dispense to the program coordinators.
☐ For each dispense I will ensure prescription verification (includes patient eligibility) is performed at the pharmacy.
☐ I understand that the ZYPREXA RELPREVV Patient Care Program Coordinating Center may contact the pharmacy to clarify information provided or to obtain information about the patient that is necessary for proper program utilization.

I may cancel this registration by notifying the ZYPREXA RELPREVV Patient Care Program Coordinating Center by fax at 1-877-772-9391 or by phone at 1-877-772-9390. If I cancel, Lilly RELPREVV to the pharmacy.

☐ I attest that I am the Pharmacist-In-Charge, and understand that by clicking submit the information provided on this form is true and accurate.

Confirm DEA #: [ ]

Phone 1-877-772-9390  FAX 1-877-772-9391  www.zyprexarelprevvprogram.com
Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

- **Prescriber Registration Form**
- **Pharmacy Registration Form**
- **Buy & Bill Pharmacy Service Provider Registration Form**
- **Patient Registration Form**
  - **Patient Copy**
- **Healthcare Facility Registration Form**

Reference ID: 4786995
## Buy and Bill® Pharmacy Service Provider Registration Form

### Pharmacy Service Provider Information
- **Facility Name:**
- **DEA Number:**
- **Please specify description of Pharmacy:**
  - [ ] Community / Retail
  - [ ] Specialty Pharmacy
  - [ ] Hospital or Institution
  - [ ] Other
- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **Zip:**
- **Primary Phone:**
- **Secondary Phone:**
- **Fax:**

### Ship to Information
- **Ship To Address (if the same as above check here):**
- **Ship To Contact Name:**
- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **Zip:**
- **Primary Phone:**
- **Secondary Phone:**
- **Fax:**

### Administrator Information
- **First Name:**
- **MI:**
- **Last Name:**
- **Preferred Method of Communication:**
  - [ ] Email
  - [ ] Fax
- **Phone:**
- **Fax:**

*Note: The form requires filling out the fields with appropriate information.*

Reference ID: 4786995
BUY AND BILL PHARMACY SERVICE PROVIDER REGISTRATION FORM

ZYPREXA RELPREVV Patient Care Program

City:   State:   Zip:   
Primary Phone:   Secondary Phone:   
Fax:   

ADMINISTRATOR INFORMATION
First Name:   MI:   Last Name:   
Preferred Method of Communication:   Email   Fax
Email:   Fax:   (If different from above)   (If different from above)

PHARMACY SERVICE PROVIDER AGREEMENT

By signing below, I acknowledge that:
☐ I have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff are trained and have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure.
☐ I will ensure that all appropriate pharmacy staff understand that ZYPREXA RELPREVV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have ready access to emergency response services and that can allow for continuous patient monitoring for at least 3 hours post-injection.
☐ I will ensure that pharmacy staff will verify that the patient is enrolled in the ZYPREXA RELPREVV Patient Care Program registry prior to dispensing each prescription/refill by accessing the system.
☐ I will ensure that pharmacy staff will not dispense ZYPREXA RELPREVV directly to patients.
☐ I will ensure pharmacy staff report the date of each ZYPREXA RELPREVV dispensing to the ZYPREXA RELPREVV Patient Care Program.
☐ For each dispense I will ensure prescription verification (includes patient eligibility check and recording the dispense date) is completed on the date of dispense, prior to the convenience kit leaving the pharmacy.
☐ I understand that the ZYPREXA RELPREVV Patient Care Program Coordinating Center may contact the pharmacy to clarify information provided or to obtain information about the patient.

I may cancel this registration by notifying the ZYPREXA RELPREVV Patient Care Program Coordinating Center by fax at 1-877-772-9391 or by phone at 1-877-772-9390. If I cancel, Lilly will cease to supply ZYPREXA RELPREVV to the facility.

☐ I, attest that I am the Administrator, and understand that by clicking submit the information provided on this form is true and accurate.

Confirm DEA #:   

*Buy & Bill Pharmacy Service Provider - a licensed healthcare provider that purchases pharmaceuticals through a licensed distributor for its own use in the treatment of a patient and then includes the cost of the pharmaceutical in its billing of patients and third-party payers.

Phone 1-877-772-9390   Fax 1-877-772-9391   www.zyprexaedrelprevvprogram

Reference ID: 4786995
Registration Forms

Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

Prescriber Registration Form
Pharmacy Registration Form
Buy & Bill Pharmacy Service Provider Registration Form
Patient Registration Form
  • Patient Copy
Healthcare Facility Registration Form
Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the "Order Educational Materials" link below.

Prescriber Registration Form
Pharmacy Registration Form
Buy & Bill Pharmacy Service Provider Registration Form
Patient Registration Form
  • Patient Copy
Healthcare Facility Registration Form

Please see Prescribing Information for full details about the risks of ZYPREXA RELPREVV, including boxed warnings.
This site is intended for U.S. residents age 18 and over.
For more information about ZYPREXA RELPREVV, contact your doctor or other healthcare professional.
To be enrolled in the ZYPREXA RELPREVU Patient Care Program, complete this form. Training must be completed before a healthcare facility may be enrolled in the ZYPREXA RELPREVU Patient Care Program.

HEALTHCARE FACILITY INFORMATION

Healthcare Facility Name: ____________________________

Please specify location of Healthcare Facilities:
- [ ] Prescriber Office
- [ ] Clinic / Outpatient Facility
- [x] Hospital
- [ ] Other

Address: __________________________________________

City: ______________________ State: ______ Zip: ______

Phones: [ ] __________ Fax: [ ] __________

AUTHORIZED HEALTHCARE FACILITY REPRESENTATIVE INFORMATION

First Name: __________________________ M1: ______ Last Name: __________________________

Position/Title: __________________________

Phone: [ ] __________ Fax: [ ] __________

Email: __________________________

Preferred Method of Communication: [ ] Email [ ] Fax

You may identify Delegate(s) to enter the necessary patient data into the Patient Care Program system.

Delegate First Name: __________________________ M1: ______ Last Name: __________________________

Facility Name: __________________________

Phone: [ ] __________ Fax: [ ] __________

Email: __________________________

Delegate First Name: __________________________ M1: ______ Last Name: __________________________

Facility Name: __________________________

Phone: [ ] __________ Fax: [ ] __________

Email: __________________________
HEALTHCARE FACILITY REGISTRATION FORM

Delegate First Name: ____________________ M1: _______ Last Name: ____________________
Facility Name: ______________________________
Phone: ( ) ________ Fax: ( ) ________
(If different from above) (If different from above)
Email: ________________________________

Delegate First Name: ____________________ M1: _______ Last Name: ____________________
Facility Name: ______________________________
Phone: ( ) ________ Fax: ( ) ________
(If different from above) (If different from above)
Email: ________________________________

If additional Delegates are required contact the Coordinating Center.

HEALTHCARE FACILITY AGREEMENT

As the authorized representative for this facility, I attest that:
☐ I have read and understand the ZYPREXA RELPREV Patient Care Program Instructions Brochure;
☒ I will ensure that all appropriate staff are trained and have read and understand the ZYPREXA RELPREV Patient Care Program Instructions Brochure as well as the following Training:
   - ZYPREXA RELPREV Healthcare Professional Training
   - ZYPREXA RELPREV Reconstitution and Administration Training
☐ I will ensure that all appropriate staff understand that ZYPREXA RELPREV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have ready access to services and that can allow for continuous patient monitoring for at least 3 hours post-injection;
☐ I will ensure the health care setting has systems, protocols, or other measures to ensure that ZYPREXA RELPREV is only administered to patients enrolled in the program and that the patient is continuously monitored for at least 3 hours post-injection for suspected PSSS;
☐ I will ensure that appropriate staff will verify that the patient is enrolled in the ZYPREXA RELPREV Patient Care Program registry prior to each injection, by accessing the system;
☐ I will ensure that the Medication Guide is provided to the patient prior to each injection;
☐ I will ensure that the appropriate staff monitors the patient continuously for at least 3 hours;
☐ I will ensure that required data are submitted within 7 days after each injection to the ZYPREXA RELPREV Patient Care Program.

☐ I understand that the ZYPREXA RELPREV Patient Care Program Coordinating Center may contact the health care setting to clarify information provided or to obtain information about patient enrollment.

I confirm that the information above is correct.

I understand that this information will be used to document healthcare facilities that are eligible to administer ZYPREXA RELPREV.

I also understand that this information may be shared with government agencies.

I understand that Lilly will regularly evaluate ZYPREXA RELPREV Patient Care Program compliance to ensure that program objectives are met. Lilly reserves the right to terminate a health care setting's participation in the ZYPREXA RELPREV Patient Care Program if non-compliance or ineffectiveness is identified. To ensure that the ZYPREXA RELPREV Patient Care Program objectives are met, please report any patient safety concerns to Lilly at 1-800-267-0489.

Reference ID: 4786995
HEALTHCARE FACILITY AGREEMENT

As the authorized representative for this facility, I attest that:

☐ I have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure;

☐ I will ensure that all appropriate staff are trained and have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure as well as the following Training:
- ZYPREXA RELPREVV Healthcare Professional Training
- ZYPREXA RELPREVV Reconstitution and Administration Training

☐ I will ensure that all appropriate staff understand that ZYPREXA RELPREVV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have ready access to services and that can allow for continuous patient monitoring for at least 3 hours post-injection;

☐ I will ensure the health care setting has systems, protocols, or other measures to ensure that ZYPREXA RELPREVV is only administered to patients enrolled in the program and that patients are monitored for at least 3 hours post-injection for suspected PDSS;

☐ I will ensure that appropriate staff will verify that the patient is enrolled in the ZYPREXA RELPREVV Patient Care Program registry prior to each injection, by accessing the system;

☐ I will ensure that the Medication Guide is provided to the patient prior to each injection;

☐ I will ensure that the appropriate staff monitors the patient continuously for at least 3 hours;

☐ I will ensure that required data are submitted within 7 days after each injection to the ZYPREXA RELPREVV Patient Care Program.

☐ I understand that the ZYPREXA RELPREVV Patient Care Program Coordinating Center may contact the health care setting to clarify information provided or to obtain information about the patient.

I confirm that the information above is correct.

I understand that this information will be used to document healthcare facilities that are eligible to administer ZYPREXA RELPREVV.

I also understand that this information may be shared with government agencies.

I understand that Lilly will regularly evaluate ZYPREXA RELPREVV Patient Care Program compliance to ensure that program objectives are met. Lilly reserves the right to terminate a healthcare facility registration at any time based upon non-compliance or to take other appropriate measures to assure that the ZYPREXA RELPREVV Patient Care Program objectives are met.

I may cancel this healthcare facility registration in the future by notifying Lilly in writing and submitting the notification by fax to 1-877-772-9391 or by calling 1-877-772-9390. If I reveal that the facility will no longer be eligible to administer ZYPREXA RELPREVV to patients.

☐ I, attest that I am the Healthcare Facility Representative, and understand that by clicking submit the information provided on this form is true and accurate.

Confirm Facility Phone: ________
Number: ________

[Submit] [Cancel]
HEALTHCARE FACILITY REGISTRATION FORM

Email:  

If additional Delegates are required contact the Coordinating Center.

HEALTHCARE FACILITY AGREEMENT

As the authorized representative for this facility, I attest that:

- I have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure;
- I will ensure that all appropriate staff are trained and have read and understand the ZYPREXA RELPREVV Patient Care Program Instructions Brochure as well as the following Training Documents:
  - ZYPREXA RELPREVV Healthcare Professional Training
  - ZYPREXA RELPREVV Reconstitution and Administration Training
- I will ensure that all appropriate staff understand that ZYPREXA RELPREVV can only be dispensed for use in certain health care settings (e.g., hospitals, clinics) that have ready access to services and that can allow for continuous patient monitoring for at least 3 hours post-injection;
- I will ensure the health care setting has systems, protocols, or other measures to ensure that ZYPREXA RELPREVV is only administered to patients enrolled in the program and that patients are monitored for at least 3 hours post-injection for suspected PDS;
- I will ensure that appropriate staff will verify that the patient is enrolled in the ZYPREXA RELPREVV Patient Care Program registry prior to each injection, by accessing the system;
- I will ensure that the Medication Guide is provided to the patient prior to each injection;
- I will ensure that the appropriate staff monitors the patient continuously for at least 3 hours;
- I will ensure that required data are submitted within 7 days after each injection.
- I understand that the ZYPREXA RELPREVV Patient Care Program Coordinator will use the information provided or to obtain information about the patient via other means.

I confirm that the information above is correct.

I understand that this information will be used to document healthcare facilities that are eligible to administer ZYPREXA RELPREVV.

I also understand that this information may be shared with government agencies.

I understand that Lilly will regularly evaluate ZYPREXA RELPREVV Patient Care Program compliance to ensure that program objectives are met. Lilly reserves the right to terminate a healthcare facility at any time based upon non-compliance or to take other appropriate measures to assure that the ZYPREXA RELPREVV Patient Care Program objectives are met.

I may cancel this healthcare facility registration in the future by notifying Lilly in writing and submitting the notification by fax to 1-877-772-9391 or by calling 1-877-772-9390. If I revoking the facility will no longer be eligible to administer ZYPREXA RELPREVV to patients.

I, attest that I am the Healthcare Facility Representative, and understand that by clicking submit the information provided on this form is true and accurate.

Confirm Facility Phone Number:  

Submit  Cancel
Order Educational Materials

To order, please complete the information below and click submit.

Requestor Information
First Name: ___________________ MI: __ Last Name: ___________________
Address Line 1: ________________________________________________________
Address Line 2: ________________________________________________________
City: ______________________ State: ____ Zip: ______________
Phone: (___)____-______ Alternate Phone: (___)____-______
Fax: (___)____-______ Email: ________________________________

Please indicate the number of items requested in the blanks below.

Training Materials Kit for Prescriber* and Healthcare Facility
☐ Kit includes:
  • ZYPREXA RELPREVY Patient Care Program Instructions Brochure
  • Reconstitution & Administration Poster & Training Video (DVD)
  • Healthcare Professional Training Recorded Presentation (DVD) with Participant Guide
  • POS Case Study Video (DVD)
  • Medication Guide
  • Prescribing Information

*Note: Patient Materials will automatically ship to a prescriber after prescriber registration is complete.
*Note: Patient Materials will automatically ship to a prescriber after prescriber registration is complete.

Training Material for Pharmacy Service Providers
(Traditional pharmacy operation or buy & bill prescriber)

☐ ZYPREXA RELPREV Patient Care Program Instructions Brochure

Training Materials Available as Individual Items

☐ ZYPREXA RELPREV Patient Care Program Instructions Brochure
☐ Reconstitution & Administration Poster
☐ Reconstitution & Administration Training Video (DVD)
☐ Healthcare Professional Training Recorded Presentation (DVD) with participant guide
☐ PDSS Case Study Video (DVD)

Patient Materials
☐ 10 Wristbands
☐ 10 ID cards

Forms Available as Individual Items

☐ Single Patient Injection Form - tear-off pad of forms (25 forms/pad)
☐ Multiple Patient Injection Form - tear-off pad of forms (25 forms/pad)
☐ PDSS Form - 3 forms/pack
☐ Patient Registration Form - 5 patient forms/pack

I understand that any personal information provided on this form will be used to provide educational materials only. For further privacy information, please see the Privacy Policy.

Submit

PRIVACY POLICY   TERMS OF USE

Please see Prescribing Information for full details about the risks of ZYPREXA RELPREV, including Boxed Warnings.
This site is intended for U.S. residents age 18 and over.
For more information about ZYPREXA RELPREV, contact your doctor or other healthcare professional.

Home | On-line Training | Registration Forms | Order Educational Materials | Prescribing Information | Medication Guide |
ZYPREXA RELPREVIV Patient Care Program

Prescribing Information

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use ZYPREXA RELPREVIV safely and effectively. See full prescribing information for ZYPREXA RELPREVIV.

ZYPREXA RELPREVIV (olanzapine) For Extended Release Injectable Suspension
Initial U.S. Approval: 1996

WARNING: POST-INJECTION DELIRIUM/SEDATION SYNDROME and INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
See full prescribing information for complete boxed warning:
- Patients are at risk for severe sedation (including coma) and/or delirium after each injection and must be observed for at least 3 hours in a registered facility with ready access to emergency response services. Because of this risk, ZYPREXA RELPREVIV is available only through a restricted distribution program called ZYPREXA RELPREVIV Patient Care Program and requires prescriber, healthcare facility, patient, and pharmacy enrollment. (2.1, 6.1, 8.1, 10.2, 17)
- Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ZYPREXA RELPREVIV is not approved for the treatment of patients with dementia-related psychosis. (5.3, 8.5, 17)

RECENT MAJOR CHANGES
Warnings and Precautions, Tardive Dyskinesia (5.6) 10/2019
Warnings and Precautions, Use in Patients with Concomitant Illness (5.16) Removed 4/2020

- Elderly Patients with Dementia-Related Psychosis: Increased risk of death and increased incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack). (5.3)
- Suicide: The possibility of a suicide attempt is inherent in schizophrenia, and close supervision of high-risk patients should accompany drug therapy. (5.4)
- Neuroleptic Malignant Syndrome: Manage with immediate discontinuation and close monitoring. (5.5)
- Drop Reaction with Hypotension and Diastolic Symptoms (DRESS): Discontinue if DRESS is suspected. (5.6)
- Metabolic Changes: Atypical antipsychotics have been associated with metabolic changes including hyperglycemia, dyslipidemia, and weight gain. (5.7)
  - Hyperglycemia and Diabetes Mellitus: In some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients taking olanzapine. Patients taking olanzapine should be monitored for symptoms of hyperglycemia and undergo fasting blood glucose testing at the beginning of, and periodically during, treatment. (5.7)
  - Dyslipidemia: Unfavorable alterations in lipids have been observed. Appropriate clinical monitoring is recommended, including fasting blood lipid testing at the beginning of, and periodically during, treatment. (5.7)
  - Weight Gain: Potential consequences of weight gain should be considered. Patients should receive regular monitoring of weight. (5.7)
  - Tardive Dyskinesia: Discontinue if clinically appropriate. (5.8)
  - Orthostatic Hypotension: Orthostatic hypotension associated with dizziness, tachycardia, bradycardia and, in some patients, syncope, may occur especially during initial dose titration. Use caution in patients with cardiovascular disease, cerebrovascular disease, and those conditions that could affect hemodynamic response. (5.9)
Medication Guide

ZYPREXA® RELPREVV™ (zy-PREX-a REL-prev)
(olanzapine)
For Extended Release Injectable Suspension

Read the Medication Guide that comes with ZYPREXA RELPREVV before you start taking it and each time before you get an injection. There may be new information. This Medication Guide does not take the place of talking to your doctor about your medical condition or treatment. Talk with your doctor if there is something you do not understand or you want to learn more about ZYPREXA RELPREVV.

What is the most important information I should know about ZYPREXA RELPREVV?
Before you receive ZYPREXA RELPREVV treatment you must:

• understand the risks and benefits of ZYPREXA RELPREVV treatment. Your doctor will talk to you about the risks and benefits of ZYPREXA RELPREVV treatment.
• register in the ZYPREXA RELPREVV Patient Care Program. You must agree to the rules of the ZYPREXA RELPREVV Patient Care Program before you register.

ZYPREXA RELPREVV may cause serious side effects, including:

1. Post-injection Delirium Sedation Syndrome (PDSS).
2. Increased risk of death in elderly people who are confused, have memory loss and have lost touch with reality (dementia-related psychosis).
In order to enroll in the ZYPREXA RELPREVW Patient Care Program, you must first complete the required training and then submit the appropriate registration form.

Terms Of Use

Please see Prescribing Information for full details about the use of ZYPREXA RELPREVW, including boxed Warnings.

This site is intended for U.S. residents age 18 and over.
For more information about ZYPREXA RELPREVW, contact your doctor or other healthcare professional.
 Eli Lilly and Company, its agents, affiliates, and authorized representatives (collectively, "Lilly", "we", "us" or "our") respects the privacy of visitors to our websites, and as a result, we have developed this Website Privacy Statement ("Privacy Statement"). United BioSource Corporation ("UBC") has been contracted by Lilly to host and manage the Site (as defined below) and to collect and analyze data on behalf of Lilly for the ZYPREXA RELPREVU patient care program.

Scope

This Privacy Statement applies to Personal Information obtained by Lilly from all visitors ("you" or "your") through the publicly available pages of the ZYPREXA RELPREVU Patient Care Program Website located at https://www.zyprexa-relprevu.com/ (the "Site"), or otherwise, including, but not limited to, the delivery of our products and services (collectively, the "Services"), and Authorized Users of the Patient Care Program Website. "Authorized Users" are eligible Prescribers, Healthcare Facilities and Pharmacy Service Providers. "Prescribers" include physicians, physician’s assistants, nurse practitioners, and pharmacists. "Healthcare Facility" means a healthcare facility administering and/or monitoring injections of ZYPREXA RELPREVU. "Pharmacy Service Provider" means any retail pharmacy, hospital pharmacy, physician, or properly licensed healthcare facility that can order for and deliver ZYPREXA RELPREVU to a healthcare professional in accordance with their agreement to implement all relevant requirements of the ZYPREXA RELPREVU Patient Care Program. The "Patient Care Program Website" is an Authorized User-only portal available through the Site, which enables Authorized Users to prescribe ZYPREXA RELPREVU. Please read this Privacy Statement carefully before you access the Site, use the Services, or otherwise provide Personal Information to us, whether online or offline.

The term "Personal Information" means any information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular individual or household, including any information that is subject to applicable data protection laws. Personal Information may include any information, in any form, related to the past, present, or future health or medical status, condition, or treatment of a person, including, by way of example, but not limitation, names of doctors, health conditions, medicines, and/or prescription information and history. Personal Information may include "protected health information" ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996, as amended and implemented ("HIPAA"), and "Personal Information" as defined under the California Consumer Privacy Act, Cal. Civ. Code §§ 1798.100 et. seq., as amended ("CCPA").

CONSENT TO PROCESSING IN THE UNITED STATES AND ELSEWHERE. This Site is owned and operated by Lilly in the United States, and the use and content of the Site and the Services is intended for U.S. residents only. Please note, however, the information you provide may be accessible to our affiliates, vendors and suppliers in other countries. If you are visiting this Site from a country other than the United States, information collected from you or this Site will be transferred outside of your country. The level of legal protection for Personal Information is not the same in all countries; however, we will take reasonable efforts and security measures as described in this Privacy Statement in an effort to keep your information secure.

These affiliates and/or third parties may be located in countries that do not ensure the same level of data protection but are required to treat Personal Information in a manner consistent with this Privacy Statement. To obtain additional information regarding the basis for transfers that Lilly has in place for cross-border transfers of Personal Information, which may include standard contractual clauses, existing adequacy decisions, or another cross-border data transfer mechanism deemed compliant under applicable data protection laws, please contact us at privacy@lilly.com or visit https://www.lilly.com/privacy.

By using this Site, you consent to the collection, storage and processing of your Personal Information in the United States and in any country to which we may transfer your information in the course of our business operations.

Personal Information We Collect

Information Routinely Collected by Our Website Technology
When you visit the Site, and during your interactions with the Site, web servers may automatically collect certain Internet Data from you. "Internet Data" means a data element or collection of data elements associated with your IP address, the Internet browser or computer operating system you are using, your navigation of the Site including the pages of the Site that you access, the amount of time spent on various portions of the Site, the length and dates of your visits to the Site, and certain Site data captured through your interactions with the Site and other sites. Certain Internet Data may be collected on an aggregated, anonymous basis through web server logs, cookies, ad servers, tracking pixels, web beacons, and similar Internet tracking devices (collectively, "Tracking Mechanisms"). However, based on certain interactions with the Site, third-party sites, mailings, other communications with us, and/or our system configurations, certain Internet Data can be identifiable with you.
Information You Voluntarily Provide
In some cases, you may choose to voluntarily provide certain Personal Information to this Site in order to register for, or request, additional information or Services, including obtaining access to the Patient Care Program Website. In such cases, we will collect information that can identify you, such as your name, address, telephone number, email address, and other similar information.

Registration. Registration is optional; however, you must register to become an Authorized User and only Authorized Users are provided access to the Patient Care Program Website and its information and online services not provided on the public portions of the Site, as well as the ability to login to the Patient Care Program Website when revisiting the Site. The Personal Information you disclose to us during registration and in connection with the Patient Care Program Website is provided strictly on a voluntary basis. You may register on the Patient Care Program Website by filling out a form and submit it to us online or otherwise. You will need to provide certain Personal Information including first name, last name, and/or email address to register. The type of access and services offered through the Patient Care Program Website may depend on whether you have registered as a Prescriber, a Healthcare Facility, or a Pharmacy Service Provider.

Health Information. When you become an Authorized User, you may be asked to provide us with certain Health Information of one or more patients with their consent, on whose behalf you are assisting in their care by a Healthcare Facility or a Pharmacy Service Provider, or patients that you are treating. After you login to the Patient Care Program Website, you may be able to view certain Health Information of your patients and use other services the Patient Care Program Website may offer. The term “Health Information” means any information, in any form, related to the past, present, or future health or medical status, condition, or treatment of a person, including, by way of example, but not limitation, names of doctors, health conditions, medicines, and/or prescription information and history. If you submit any Personal Information relating to other people to us, you represent that you have the authority to do so and to permit us to use the information in accordance with this Privacy Statement.

How We Use Your Personal Information
We may use your Personal Information to contact you and/or provide you with general health information (like information on certain health conditions) as well as information on our Services. We may enhance or merge your Personal Information with other data we may have about you as well as data obtained from third parties for the same purposes.

We may use your Personal Information in one or more of the following ways:
- For Patient Care Program enrollment and certification.
- For dispensing and monitoring Zypecta Relprevt to patients.
- For testing, research, analysis, and product and service development, including to analyze and learn how the Site and the Services are used (e.g., via Tracking Mechanisms) to develop and improve them.
- To manage our vendor and partner relationships.
- To ensure the security and integrity of the Site.
- To assess and enforce compliance.
- To protect our and others’ interests, rights, and property (such as to protect our copyrighted materials).
- To comply with applicable legal requirements, such as tax and other government regulations and industry standards, contracts, and law enforcement requests.

Information routinely collected may also be stored in databases owned and maintained by Lilly or its agents, contractors, and business partners. Lilly retains their respective rights to these databases and the information contained in them.

Cookies and Other Tracking Mechanisms. We may use Tracking Mechanisms to generate web log information, IP addresses, and other Internet Data routinely collected by our web servers in connection with your visit to this Site, to better understand your needs and general user traffic patterns, and to improve our Sites and Services. We may enhance or merge this Internet data with other data we may have about you as well as with data obtained from third parties for the same purposes. We also may use your IP address to personalize content provided on the Site. We may retain IP addresses, and we may retain them together with other Personal Information. Our web servers can detect whether you have cookies on your computer. It is possible that a cookie may contain information that could be deemed identifiable. We may use the Internet Data we obtain through the use of cookies to customize your site experience by anticipating the information and services that may be of interest to you. We also analyze such Internet Data collected with cookie technology to help us improve the functioning of our Site by monitoring traffic in popular areas and to modify the Services and information we provide to meet customer demand. We may link the clickstream data available to us through the use of cookies to Personal Information that you may choose to provide elsewhere on our websites. We use the information we collect through the use of cookies for our business purposes, including operation of our Site, as well as research and product analyses to help us better market our Services. You can change your settings for cookies and similar technologies by clicking on the cookie consent box on the Site. In addition, you can refuse or accept cookies from the Site at any time by activating the settings on your browser. Most web browsers automatically accept cookies but allow you to modify your browser settings to block them. If you reject cookies, however, functionality of the Site may be limited, and you may not be able to take advantage of many of the Site’s features. There are different methods for viewing and deleting cookies set on your machine, depending on the browser you are using. We recommend you visit the website of your web browser, where you should be able to find this information, or you can visit a site such as http://www.aboutcookies.org/default.aspx. Some mobile devices store cookies only in areas connected to the web browser in an app-specific area, so you may have to check your app settings options to determine how to manage or delete cookies stored in these other areas.

Third-Party Cookies and Advertising. We may partner with third party ad networks to manage our advertising on other sites. Our ad network partners use cookies and other Tracking Mechanisms to collect Internet Data about your activities on this and other websites to provide you targeted advertising based upon your interests. If you would like to opt-out of, or manage, cookies used for targeted advertising, you may do so by following the options provided by the Network Advertising Initiative at: http://www.networkadvertising.org/choices and the Digital Advertising Alliance at: http://www.aboutads.info/choices/. Please note that opting out of receiving targeted ads will not prevent you from being served advertisements generally.

Digital Analytics. We may analyze Internet Data in the aggregate to study outcomes, costs, and provider profiles. These studies may generate Aggregate Data (described below) which we may utilize for a variety of purposes, including product and service development and improvement activities and clinical research purposes.
We may perform statistical analyses of the traffic patterns, Site usage, and behaviors associated with the Site. We may use these analyses to generate Aggregate Data from the original Internet Data. We may combine, separate, aggregate, or otherwise process Internet traffic data in the same manner. The processing and reporting of such information may generate Aggregate Data. Aggregate Data is a summary level data, such as the number of web visitors in a specific geographic area. Aggregate Data does not contain information that can be used to identify or contact you, such as your name, address, telephone number or e-mail address, and does not reflect the original form of the Internet Data collected from you.

Analytics. UBC may use certain in-house or third-party functionality to analyze your communications with us and interactions with the Site. The analysis enables us to monitor the services that we provide so that we can improve the services provided to you. These third parties will be required to protect any Personal Information in a manner consistent with this Privacy Statement. Other analytics capabilities are reflected in the description of Internet Data.

Sharing Your Personal Information

We may share the Personal Information we collect through this Site and Services with our employees, agents, contractors or partners in connection with services that these individuals or entities perform for or with us. These agents, contractors or partners are restricted from using this data in any way other than to perform these services. Lilly expects our employees and partners to maintain the trust placed in us by those who provide us with information by using reasonable and appropriate administrative, technical and physical safeguards. Lilly and UBC reserve the right to share Personal Information to respond to duly authorized information requests of governmental authorities or where required by law. Lilly and UBC may share certain Personal Information collected by UBC on the Site with companies that sponsor and/or support the REPS Program and with the U.S. Food and Drug Administration. Please note, for purposes of the HIPAA Privacy Rule, the information you provide on the Site in furtherance of the REPS Program is not subject to HIPAA under the public health exception for government-mandated public health activities and purposes. In some circumstances, such as where national, state or company security is an issue, Lilly and UBC reserve the right to share our entire database of visitors and customers, and the associated Personal Information and other data we may have with appropriate governmental authorities in connection with efforts to investigate, prevent, or take other action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, or to otherwise respond to subpoenas, court orders, or legal process, requests for cooperation from law enforcement or other government agencies.

We may also provide Personal Information to a third party in connection with the sale, assignment, or other transfer of the business of this Site to which the information relates, in which case we will require any such buyer to agree to treat information in accordance with this Privacy Statement.

In addition, we may use third parties to: (a) operate and maintain the server(s) on which the Site operates, (b) provide Tracking Mechanism(s) that we embed in or use with the Site, (c) provide information to you about the Site and Services through a third party website based on a prior visit to the Site, (d) analyze communication with us and interactions with the Site, (e) de-identify data, and (f) collect non-personally identifiable information from you (e.g., on your interactions and/or experience with the Site and/or us). The third party may then share the Personal Information or other data with us.

We may be required or permitted by law to share your Personal Information, without prior notice to you, under certain circumstances including but not limited to, reporting adverse events, product recalls, preventing disease, and for health research purposes. In accordance with applicable laws and/or in a good faith effort, we may disclose your Personal Information, without prior notice to you, to maintain, safeguard, or preserve the rights or property of Lilly and UBC and to help protect the personal safety of other users of the Site, patients, and/or the general public.

Additionally, we reserve the right to disclose to third parties non-personally identifiable information collected for any lawful purpose, including but not limited to, aggregate or de-identified data.

Do Not Track

There are different ways you can prevent tracking of your online activity. One of them is setting a preference in your browser that alerts websites you visit that you do not want them to collect certain information about you. This is referred to as a Do Not Track ("DNT") signal. Please note that currently our Site and web-based resources do not track users over time and across the third party sites to provide targeted advertising, and therefore do not respond to these signals from web browsers. At this time, there is no universally accepted standard for what a company should do when a DNT signal is detected. However, you may control certain Tracking Mechanisms as described above.

Data Security

We are committed to protecting the privacy and security of this Site. We take commercially reasonable steps, including appropriate and reasonable physical, electronic and procedural safeguards, to protect Personal Information we process and maintain from loss, misuse, and unauthorized access, disclosure, alteration, or destruction. We limit access to Personal Information to authorized employees and third parties who need access to perform the business activities described in this Privacy Statement. Although we strive to protect the Personal Information we process and maintain, no security system can prevent all potential security breaches. Therefore, we do not guarantee that your Personal Information will be secure from theft, loss, or unauthorized access or use, and we make no representation as to the reasonableness, efficacy, or appropriateness of the measures we use to safeguard such Personal Information. Please keep this in mind when disclosing Personal Information to us or to any other party via the Internet.

Children

This Site is not intended for, or designed to attract, individuals under the age of 18. We do not knowingly collect Personal Information from any person under the age of 18. If we determine that such information has been inadvertently collected on anyone under the age of 18, we will take the necessary steps to ensure that such information is deleted from our systems. If you are a parent or guardian and become aware that your child has provided us with information, please contact us using one of the methods specified below.

More Information

Data Retention

Except to the extent prohibited by law, and subject to this Privacy Statement, we retain information collected through the Site for as long as it is necessary to provide you with the Services and comply with applicable laws, regulations, and court orders.

Links to Other Websites

As a convenience to our visitors, our Site may contain links to a number of sites owned and operated by third parties that we believe may offer useful information. The policies and procedures we describe here do not apply to those websites. Lilly or UBC is not responsible for the collection or use of information at any third party sites. We suggest contacting those sites directly for information on their privacy, security, data collection, and distribution policies.

Reference ID: 4786995
Your Rights - General
Depending on your jurisdiction, you may have certain rights regarding our collection, use, and disclosure of your Personal Information. If you have any questions regarding these rights, please contact us.

You may be able to opt-out of certain communications by following customization and/or opt-out options. We will provide an option to unsubscribe or opt out of further communication on any electronic marketing communication sent to you or you may opt out by contacting us as set out in this Privacy Statement.

California Privacy Rights
Your Privacy Rights: California Civil Code Section 1798.83 entitles California residents who have an established business relationship with Lilly to request information regarding Lilly’s disclosure of certain Personal Information to third parties for their direct marketing purposes. To make a request for such information, you may contact us in writing to: ZYPREXA RELPREVX Patient Care Program Coordinating Center at 200 Pinecrest Plaza, Morgantown, WV 26505 or you may call 877-772-9390.

California Consumer Privacy Act (CCPA) entitles California residents to certain rights with regard to their PI. Those rights have been incorporated into this Privacy Statement.

We do not sell Personal Information. We do not share Personal Information with other people or non-affiliated businesses for their direct marketing purposes.

Information exempt from the CCPA
Note that certain information that is governed by the California Confidentiality of Medical Information Act (CMIA), HIPAA, or is subject to the Federal Policy for the Protection of Human Subjects, also known as the Common Rule, pursuant to good clinical practice guidelines issued by the International Council for Harmonisation or pursuant to human subject protection requirements of the FDA, is not considered personal information with respect to the rights of California residents noted above. However, additional rights might be available under those laws and standards.

Choices and Questions: If you provide us with Personal Information on this Site and later decide to opt-out of this decision, you may contact us as provided below. Upon verification of your identity, and as applicable by law, you also have the right to:

- request:
  - information from us on how your Personal Information is being processed, and with whom it is being shared
  - information about our process to verify your identity
  - to see and get a copy of the Personal Information that we have about you
  - that we correct, restrict the processing of, and/or erase/delete your Personal Information
  - to have your information transmitted to another entity or person in a machine-readable format, in limited circumstances
  - change or withdraw your consent at any time

There may be exceptions that apply to your request. To exercise your rights, you or your authorized representative may submit a request to: ZYPREXA RELPREVX Patient Care Program Coordinating Center at 200 Pinecrest Plaza, Morgantown, WV 26505 or you may call 877-772-9390.

You will not be discriminated against for exercising any of your rights.

If you are receiving commercial emails from us, you may write to the address below or follow the opt-out instructions on those emails. Please note that you may continue to receive materials while we are updating our lists.

How to Contact Us
If you have any questions about this privacy policy, you may contact us at:

ZYPREXA RELPREVX Patient Care Program Coordinating Center
200 Pinecrest Plaza
Morgantown, WV 26505
1-877-772-9390

Changes to Our Privacy Practices
We may update this Privacy Statement from time to time. When we do update it, for your convenience, we will make the updated statement available on this page. We will always handle your Personal Information in accordance with the Privacy Statement in effect at the time it was collected. We will not make any materially different use your Personal Information unless we notify you and give you an opportunity to object.

Updated [26 February 2021]
Purpose

This website has been prepared for the purpose of providing information about the Zyprexa Relprevv Patient Care Program. This site is intended for use only by residents of the United States who are age 18 or older.

This website (the “Site”) is administered by staff at United BioSource Corporation (“UBC”) on behalf of its sponsor Eli Lilly and Company (“Lilly”).

UBC makes information about the Zyprexa Relprevv Patient Care Program available on this Site, subject to the following Terms of Use (“Terms”), UBC reserves the right to change these Terms at any time without notice. You agree to be bound by the most recent version of the Terms posted on this Site. These Terms represent the entire understanding between you and UBC relating to the use of this Site.

Security Notice

For the purpose of maintaining security of the Site and to ensure that this service remains available to all users, UBC uses software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. Unauthorized attempts to upload information or change information on this service are strictly prohibited and may be subject to prosecution and punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act.

General Disclaimer

While we make every effort to provide accurate and complete information, some information may change between Site updates. The information provided on this Site is provided for informational purposes only and is meant to present an overview of the training, registration process and resources available relating to the Zyprexa Relprevv Patient Care Program. The content is not intended in any way to be a substitute for professional medical advice and should not be interpreted as treatment recommendations. Only a physician who has had an opportunity to interact with the patient in person, with access to the patient’s record and the opportunity to conduct appropriate follow-up, can provide recommendations for treatment.

Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Neither the content nor any other service offered by or through this Site is intended to be relied on for medical diagnosis or treatment, without a physician’s interaction and involvement. Never disregard medical advice or delay in seeking it because of something you have read on this Site.

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For More Information

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Reference ID: 4786995