

Instructions for Prescribers

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.

For INPATIENTS: The prescriber and in-patient pharmacist must review the ANC before clozapine can be dispensed. Submit ANC to the Clozapine REMS Program within 7 days of the blood draw date.

For OUTPATIENTS: The out-patient pharmacist must obtain a pre-dispense authorization (PDA) from the Clozapine REMS Program before clozapine can be dispensed.

- To obtain a PDA, a current and acceptable ANC must be reported to the Clozapine REMS Program or the prescriber must provide a treatment rationale (see Section 3) to authorize treatment if a patient's ANC indicates moderate to severe neutropenia (General Population) or severe neutropenia (Patients with BEN).

Section 1: ANC Lab Reporting

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)

Name		
Date of Birth (MM/DD/YYYY):	Zip Code:	Gender:

ANC Monitoring (All Fields Required)

Blood Draw Date (MM/DD/YYYY):	ANC (per μ L):
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Section 2: Patient Updates (if applicable)

Change Treatment Status

Complete this section if you want 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 (restarting or continuing clozapine requires a treatment rationale for patients with moderate or severe neutropenia. Please refer to the "Treatment Rationale" section)
- Interrupted
- Discontinued

Change Monitoring Frequency

Complete this section if you want to change this 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. I want to change the ANC monitoring frequency to: **(check one)**

- Weekly
- Every 2 weeks
- Every 4 weeks

Section 3: Prescriber Authorization

Treatment Rationale*

Complete this section if the patient has moderate neutropenia (ANC 500-999/ μ L for the General Population) or severe neutropenia (ANC < 500/ μ L for General Population and Patients with BEN) and you want to continue treatment.

The treatment rationale is (check one and sign below):

- Benefits of continuing clozapine treatment outweigh risk of neutropenia
 - Until next ANC Lab
 - Until (MM/DD/YYYY) _____
No more than 6 months from today
- Patient has Benign Ethnic Neutropenia (BEN) (No Expiration)

Hospice Care*

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.

If you want 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.

Authorizing Prescriber Information (All Fields Required)

Name:		NPI or DEA:	
Authorizing Prescriber Signature:		Date (MM/DD/YYYY):	

**Authorizing Prescriber Signature is required for a change in treatment rationale, and/or for a hospice care patient.*