Supervising Specialist Registration Form

CLOZARIL® PRESCRIBING & DISPENSING PROTOCOL

1. CLOZARIL® may only be prescribed for patients who are registered with the CLOZARIL® Patient Monitoring Service (CPMS).
2. There must always be a current valid blood result for the patient and the patient status must be ACTIVE before any CLOZARIL® is dispensed.
3. CLOZARIL® is to be routinely dispensed on a weekly, fortnightly or four-weekly basis according to the monitoring frequency.
4. A Supervising Specialist must be either a Consultant (Psychiatry, Neurology, Learning Disabilities) or a Specialist Doctor (or equivalent grade).

SUPERVISING SPECIALIST DETAILS: (All details MUST be completed)

TITLE

FORENAME

SURNAME

EMAIL *(Default communication: routine patient alerts will be emailed to this address)*

PATIENT ALERTS *(Please tick to specify preference)*

Email ☐ Fax ☐ Email & Fax ☐

SPECIALITY

GMC/IMC NUMBER

ADDRESS WITH POST CODE *(Main contact/Hospital Address)*

OFFICE TELEPHONE NUMBER

MOBILE NUMBER

FAX NUMBER

DISPENSING PHARMACY *(Please provide name of dispensing pharmacy)*

DISPENSING PHARMACY POSTCODE

ADVERSE EVENT REPORTING: UK: Please continue to report suspected side effects to the MHRA through the Yellow Card Scheme. Please report all suspected side effects that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause congenital abnormality or result in hospitalisation, and those that are considered medically significant for any reason. It is easiest and quickest to report side effects online via the Yellow Card website: **www.yellowcard.mhra.gov.uk** or via the YellowCard app available from the Apple App Store or GooglePlay Store. Ireland: Reporting suspected adverse reactions after authorisation of the medical product is important. It allows continued monitoring of the benefit/risk balance of the medical product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system HPRA Pharmacovigilance, website: **www.hpra.ie** Adverse events can also be reported directly to Viatris via: **cpms@viatris.com**

DECLARATION: This document is my statement of intent to participate in the dispensing and monitoring of CLOZARIL® in association with the CLOZARIL® Patient Monitoring Service (CPMS). Signing of this form constitutes my commitment to adhere to the CPMS Prescribing and Dispensing Protocol (as detailed above) for the dispensing of CLOZARIL® only. Signing of this form also constitutes my understanding of and commitment to my responsibilities regarding the reporting of adverse events, as detailed above. I understand that my registration will be confirmed by being sent my unique user ID and password and that these details should not be shared, in order to prevent unauthorised access to patient data. If I no longer require access to the eCPMS system, or if there are any changes to the patient data under my care, I will inform the CPMS within 30 days.

SIGNATURE

*Typed signatures cannot be accepted

DATE D D - M M - Y Y Y Y

This registration/transfer form is only valid for 28 days from the date it is signed.

PLEASE FAX TO: (UK) 0845 769 8541/8379 or (IRE) 01 662 5961 or EMAIL: cpms@viatris.com

GENERAL ENQUIRIES: (UK) 0845 769 8269 or (IRE) 01 662 1141

(The sending of confidential information should only be performed using an approved method defined by your organisation's information security guidelines)

CLOZARIL® Clozapine PATIENT MONITORING SERVICE

PMS-2023-0003 Date of preparation: August 2023.

VIATRIS