Prescriber Enrollment Form

Print Form

This Prescriber Enrollment Form must be completed before you can prescribe FERRIPROX®. FERRIPROX is available only through an exclusive distribution program called the FERRIPROX Total Care program.

Treating Physician Information

Full Name: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Specialty: _____

Degree: ☐ MD ☐ DO ☐ NP with prescribing authority

State License #: _____ State of Issue: _____

DEA #: _____ NPI #: _____

Prescriber Acknowledgement

I understand:

- FERRIPROX is approved for the treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate
- FERRIPROX use can be associated with agranulocytosis. All patients treated with FERRIPROX must have their absolute neutrophil count (ANC) verified before initiation of Ferriprox therapy and have weekly monitoring of their ANC.
- Therapy should be interrupted at the first sign of neutropenia (an absolute neutrophil count < 1.5×10^9/L). If the patient develops an infection while receiving FERRIPROX, therapy must be interrupted and the absolute neutrophil count monitored more frequently.
    - Recommended management in the event of neutropenia during FERRIPROX use is:
        - In the event of mild/moderate neutropenia (ANC < 1.5×10^9/L and ≥ 0.5×10^9/L): Instruct the patient to immediately discontinue FERRIPROX and all other medications with a potential to cause neutropenia. The patient must be advised to limit contact with other individuals in order to reduce the risk of infection. Obtain a complete blood cell (CBC) count, including a white blood cell (WBC) count corrected for the presence of nucleated red blood cells, an ANC, and a platelet count, immediately upon diagnosing the neutropenia, and then repeat daily. It is recommended that following recovery from neutropenia (an ANC > 1.5×10^9/L), weekly CBC counts, including WBC, neutrophil and platelet counts continue to be obtained for three consecutive weeks to ensure that the patient recovers fully. Should any evidence of infection develop concurrently with the neutropenia, the appropriate cultures and diagnostic procedures must be performed and an appropriate therapeutic regimen instituted.
        - In the event of agranulocytosis (ANC < 0.5×10^9/L): Follow the guidelines above and administer appropriate therapy such as granulocyte colony stimulating factor, beginning the same day that the event is identified; administer daily until the condition resolves. Provide protective isolation and, if clinically indicated, admit patient to the hospital.
        - Limited information is available regarding re-challenge in patients who experienced agranulocytosis or milder episodes of neutropenia while taking FERRIPROX. Patients who experienced FERRIPROX-induced neutropenia and agranulocytosis must not be-rechallenged unless potential benefits outweigh potential risks.
- I agree to advise my patients of:
    - The risk of agranulocytosis during FERRIPROX therapy.
    - The necessity and the importance of weekly monitoring of their neutrophil count.
    - The importance of interrupting therapy and immediately seeking medical attention if they experience any symptoms indicative of infection such as fever, chills, sore throat or flu-like symptoms, during FERRIPROX therapy.
    - The potential risks to the fetus, if FERRIPROX is administered to a pregnant woman. That FERRIPROX is contraindicated in women who are pregnant or who are attempting to become pregnant and that should a patient becomes pregnant while taking FERRIPROX, the patient should immediately stop therapy.
    - Nursing mothers should not use FERRIPROX.
- I understand the following conditions under the FERRIPROX Total Care program:
    - I will enroll myself in the FERRIPROX Total Care program by completing this Prescriber Enrollment Form. I understand that I am to do this prior to my first patient being treated with FERRIPROX.
    - I will enroll each patient by completing the FERRIPROX Total Care program Intake Form at the time of enrollment. I understand that baseline data are only to be used to assess for risk factors for adverse events and to evaluate the long-term safety of FERRIPROX.
    - I will notify the patient of the FERRIPROX Total Care program and communicate the benefits and risks of FERRIPROX therapy. Prior to initiation of FERRIPROX therapy, a copy of the signed Patient Enrollment Form will be sent to the FERRIPROX Total Care program, one copy will be given to the patient whereas the original form will be kept with the patient's medical records.
    - I will provide contraceptive counselling to women of childbearing potential while taking FERRIPROX and ensure the interruption of therapy if they are trying to become pregnant or immediate interruption of therapy if they discover that they are pregnant while taking FERRIPROX.
    - I will notify the FERRIPROX Total Care program when a patient discontinues FERRIPROX. I will promptly report to ApoPharma serious adverse events and specifically, any episodes of agranulocytosis, occurring in the course of the use of the drug.
    - I understand that I am encouraged to report all suspected adverse reactions, as well as any cases of pregnancies, occurring in the course of the FERRIPROX therapy
    - I understand that ApoPharma, its agents, and contractors may contact me via phone, fax, mail, or e-mail to assess the effectiveness of the program requirements for the FERRIPROX Total Care program, and/or to seek follow up information for reported adverse experiences.

Prescribing Physician (Please Print): _____

Prescribing Physician Signature: _____Date _____ /_____ /_____

Please fax this completed form to FERRIPROX TOTAL CARE at 866-565-7794. You will receive enrollment confirmation via fax within 48 hours during standard business days. For questions regarding FERRIPROX TOTAL CARE call 866-758-7071.

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