



# CLOZAPINE Prescription Access System™

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Mylan  
CLOZAPINE  
Tablets, USP

The completion of this document demonstrates my intention to participate in the CLOZAPINE Prescription Access System (CPAS) and to participate in a plan that ensures that drug dispensing will be contingent upon receipt of White Blood Cell (WBC) count and Absolute Neutrophil Count (ANC) test results that are within normal limits and timeframe according to the guidelines outlined in the Clozapine Prescribing Information. Completion of this form constitutes a continuing commitment to adhere to the guidelines outlined in the Clozapine Prescribing Information and the parameters of CPAS.

**Pharmacist: The CPAS Multiple-Patient WBC Count and ANC Reporting Form may be used as a substitute for the Patient-Specific WBC Count and ANC Reporting Form. Please forward this form within 7 days of the Blood Draw Date for patients who are monitored weekly, within 14 days of collection for patients monitored every 2 weeks, and within 28 days for patients who are monitored every 4 weeks.**

## PHARMACIST (If registered with CPAS, only DEA/ID number is required.)

Pharmacy DEA/ID Number

Pharmacist's Name (Type or Print) & Title

Pharmacy Name

Address  City  State  Zip Code

Phone Number  Fax Number

Patient Initials	Social Security Number (or) Reclearance Code	Physician DEA/ID	Blood Draw Date M/D/Y	Total WBC Count (per mm <sup>3</sup> ) x 10 <sup>3</sup>	Total ANC (per mm <sup>3</sup> ) x 10 <sup>3</sup>	Today's Dosage	Date of Dispensing M/D/Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment Status: <input type="checkbox"/> Pretreatment <input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Discontinued			Monitoring Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks		Dispensed From: <input type="checkbox"/> Bottle <input type="checkbox"/> Unit Dose		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment Status: <input type="checkbox"/> Pretreatment <input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Discontinued			Monitoring Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks		Dispensed From: <input type="checkbox"/> Bottle <input type="checkbox"/> Unit Dose		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment Status: <input type="checkbox"/> Pretreatment <input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Discontinued			Monitoring Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks		Dispensed From: <input type="checkbox"/> Bottle <input type="checkbox"/> Unit Dose		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment Status: <input type="checkbox"/> Pretreatment <input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Discontinued			Monitoring Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks		Dispensed From: <input type="checkbox"/> Bottle <input type="checkbox"/> Unit Dose		

FORM E - MULTIPLE-PATIENT WBC COUNT AND ANC REPORTING FORM