For Healthcare Providers

# LEMTRADA REMS Prescriber Knowledge Assessment

## To Become a Certified Prescriber in the LEMTRADA REMS, You Will Need to Answer ALL 8 Questions Correctly

- Complete the Prescriber Knowledge Assessment, populate and sign the one-time LEMTRADA REMS Prescriber Enrollment Form. Fax your responses to the 8 Prescriber Knowledge Assessment questions and the LEMTRADA REMS Prescriber Enrollment Form to 1-855-557-2478. You can also complete the LEMTRADA REMS Prescriber Knowledge Assessment online at **www.LemtradaREMS.com**

- You will receive correspondence from the LEMTRADA REMS via the preferred communication method (email or fax) selected on your enrollment form within two business days. Correspondence may include:
  - How to retake the Prescriber Knowledge Assessment, if necessary
  - A confirmation of your enrollment and certification in the LEMTRADA REMS (which requires no further action)

LEMTRADA®
alemtuzumab 12mg IV

# Questions 1-8

**QUESTION 1 (check one)**

Which of the following laboratory tests are required prior to initiating LEMTRADA treatment and within 30 days of the first infusion?

- ☐ A. Complete blood count (CBC) with differential
- ☐ B. Serum creatinine and urinalysis with urine cell counts
- ☐ C. Urine protein to creatinine ratio
- ☐ D. Thyroid function test
- ☐ E. All of the above

**QUESTION 2 (check one)**

My patient must have monthly blood and urine tests for:

- ☐ A. 12 months after their last infusion
- ☐ B. 24 months after their last infusion
- ☐ C. 36 months after their last infusion
- ☐ D. 48 months after their last infusion

**QUESTION 3**

I should assess my patient's compliance with required lab testing on an ongoing basis and document their compliance on the LEMTRADA REMS Patient Status Form every 6 months.

- ☐ True
- ☐ False

**QUESTION 4 (check one)**

Which of the following symptoms could be associated with immune thrombocytopenia (ITP)?

- ☐ A. Headache, rash, pyrexia, nausea
- ☐ B. Easy bruising, petechiae, purpura, spontaneous mucocutaneous bleeding
- ☐ C. Weight gain, fatigue, constipation
- ☐ D. Pyrexia, chills, swollen glands

**QUESTION 5 (check one)**

Which of the following could be associated with glomerular nephropathy?

- ☐ A. Elevation in serum creatinine, hematuria, or proteinuria
- ☐ B. Easy bruising, petechiae, purpura, spontaneous mucocutaneous bleeding (e.g., epistaxis, hemoptysis), and heavier than normal or irregular menstrual bleeding
- ☐ C. Weight gain, fatigue, constipation
- ☐ D. Weight loss, tachycardia, nervousness

**QUESTION 6 (check one)**

Prior to enrolling a patient in the LEMTRADA REMS, you should:

- ☐ A. Provide LEMTRADA Treatment and Infusion Reactions Patient Guide to the patient
- ☐ B. Counsel the patient on the serious risks associated with LEMTRADA and how to mitigate these risks through periodic monitoring
- ☐ C. Provide a LEMTRADA Patient Safety Information Card to the patient
- ☐ D. All of the above

**QUESTION 7**

Cases of serious and life-threatening stroke (including ischemic and hemorrhagic stroke) have been reported within 3 days of LEMTRADA administration, with most cases occurring within 1 day.

- ☐ True
- ☐ False

**QUESTION 8**

The healthcare facility that will administer LEMTRADA infusions to my patient is required to be REMS certified and enrolled and should have the necessary equipment and personnel to manage serious infusion reactions (including anaphylaxis, and cardiac and respiratory emergencies).

- ☐ True
- ☐ False

Please provide your prescriber name and NPI number so we can associate your progress with your stakeholder record. You can provide this information below.

Prescriber Name: _____

Prescriber NPI: _____

sanofi