For Healthcare Providers

LEMTRADA REMS Knowledge Assessment

To become a certified prescriber in the LEMTRADA REMS Program, you will need to answer ALL 8 questions correctly.

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

- You will receive correspondence from the LEMTRADA REMS Program via the preferred communication method (email or fax) selected on your enrollment form within two business days. Correspondence may include:
  - How to retake the Knowledge Assessment, if necessary
  - A confirmation of your enrollment and certification in the LEMTRADA REMS Program (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. Thyroid function test
- ☐ D. 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 Program, you should:

- ☐ A. Provide *What You Need to Know About LEMTRADA Treatment: A 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

The healthcare facility that will administer LEMTRADA infusions to my patient is not required to be REMS certified and enrolled.

- ☐ True
- ☐ False

QUESTION 8

LEMTRADA treatment should be administered in a setting that has 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: _____

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