For Prescribers to Complete

LEMTRADA® alemtuzumab 12mg IV

LEMTRADA REMS PATIENT STATUS FORM

Please submit this form online at www.LemtradaREMS.com or fax this completed form to the LEMTRADA REMS at 1-855-557-2478

This form must be completed every 6 months for each LEMTRADA® (alemtuzumab) patient under your care. Please submit this form 6 months after your patient's first infusion with LEMTRADA, and every 6 months thereafter, until 48 months after the patient's last infusion.

*Indicates a mandatory field.

PRESCRIBER INFORMATION (PLEASE PRINT)

Name (Last, First)* | Office Phone Number*

Address*

City* | State* | ZIP Code*

PATIENT INFORMATION (PLEASE PRINT)

Name (Last, First)*

Patient LEMTRADA REMS Identification Number*

Date of Birth (MM/DD/YYYY)* | Date of Last LEMTRADA Infusion (MM/DD/YYYY)*

IS THE ABOVE-NAMED PATIENT STILL UNDER YOUR CARE?*

(Check one) ◯ Yes ◯ No

IF NO, PLEASE INDICATE THE NAME OF THE HEALTHCARE PROVIDER NOW RESPONSIBLE FOR THIS PATIENT'S CARE

Healthcare Provider Name

Healthcare Provider Phone Number

Patient's Current Healthcare Provider Is Unknown ☐

IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION

The patient has completed the periodic monitoring within the last 6 months. ◯ Yes ◯ No

Since submitting the last LEMTRADA REMS Patient Status Form, has the patient been diagnosed with any of the following?

a. Autoimmune Conditions ◯ Yes ◯ No

b. Infusion reactions ◯ Yes ◯ No

c. Malignancies ◯ Yes ◯ No

d. Stroke ◯ Yes ◯ No

☐ This adverse event has already been reported to Genzyme (specify date of report):

Report all adverse events to Genzyme Medical Information at 1-800-745-4447 (option 2) or the FDA at 1-800-FDA-1088 (1-800-332-1088) or www.FDA.gov/medwatch

PRESCRIBER'S SIGNATURE

In signing this form, I acknowledge that I have reviewed the LEMTRADA Treatment and Infusion Reactions Patient Guide with this patient, and counseled the patient about the serious risks associated with the use of LEMTRADA and how to mitigate these risks through periodic monitoring.

Prescriber Signature* | Date*

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If you have any questions regarding the LEMTRADA REMS, call 1-855-676-6326

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