

[Date]

[Treating Provider First Name] [Treating Provider Last Name], [Treating Provider Title]
[Treating Correspondence Primary Contact First Name] [Treating Correspondence
Primary Contact Last Name]
[Treating Site Name]
[Treating Site Address 2]
[Treating Site Address 1]
[Treating Site City, State ZIP]

RE: Prescriber LEMTRADA® (alemtuzumab) REMS Responsibilities Reminder

Dear Dr. [Provider Last Name],

This letter is to remind you of your responsibilities as a prescriber enrolled in the LEMTRADA REMS. Please remember that you must:

1. **Keep Track of Needed Lab Monitoring:** Prescribers are required to keep track of the laboratory monitoring status of all patients who have been infused with LEMTRADA from first infusion until 48 months after the last infusion.
2. **Complete LEMTRADA REMS Status Forms:** For every patient who is infused with LEMTRADA, prescribers are required to complete a LEMTRADA REMS Patient Status Form 6 months after the first infusion, and then every subsequent 6 months until 48 months after the patient's last infusion.

If you have any questions about requirements, please call the LEMTRADA REMS at 1-855-676-6326, Monday through Friday, 8:30 am to 8:00 pm Eastern Time.

Sincerely,

LEMTRADA REMS

SANOFI GENZYME 

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