Letairis Risk Evaluation and Mitigation Strategy (REMS) Program

Prescriber Enrollment and Agreement Form

To be enrolled into the Letairis REMS Program, complete and fax this form.

FAX THIS FORM TO: 1-888-882-4035

1 Prescriber Information

First Name:	Middle Initial:	Last Name:	Suffix:
Specialty:	Name of Facility:	Office Contact (First and Last Name):	
Address:	City:	State:	ZIP:
E-mail:	Phone: ( )	Fax: ( )	
State License #:	NPI #:		

2 Prescriber Agreement

By signing below, you signify your understanding of the risks of Letairis® (ambrisentan) treatment and your obligation as a Letairis prescriber to educate your female patients about these risks, counsel them on risk reduction, monitor them appropriately, and report adverse events to the Letairis REMS Coordinating Center. Specifically, you attest to the following:

- I have read the full Prescribing Information, the *Letairis Medication Guide,* and the *Prescriber Guide for the Letairis REMS Program* and agree to comply with the Letairis REMS Program requirements
- I agree to enroll all female patients into the Letairis REMS Program
- I will determine the reproductive potential status of all female patients using the definitions provided in the *Prescriber Guide for the Letairis REMS Program*
- I will advise all females that Letairis is only available through a restricted distribution program called the Letairis REMS Program
- I will counsel Females of Reproductive Potential on the risks of Letairis, including the risk of serious birth defects, and review the *Letairis Medication Guide* and the *Letairis REMS Program Guide for Females Who Can Get Pregnant* with the patient
- I will counsel the Pre-Pubertal Female patient and parent/guardian on the risks of Letairis, including the risk of serious birth defects, and review the *Letairis Medication Guide* with the patient and parent/guardian
- I will verify the reproductive potential status annually for Pre-Pubertal Females who are at least 8 years of age and older
- I will order and review pregnancy tests for Females of Reproductive Potential prior to initiating treatment with Letairis, monthly during treatment, and for 1 month after stopping treatment
- I will counsel Females of Reproductive Potential to use highly reliable contraception during Letairis treatment, and for 1 month after stopping treatment, and the need to use emergency contraception if required
- I agree to report any change in reproductive potential status by submitting a *Reproductive Potential Status Form* within 10 business days of becoming aware of the change
- I will counsel female patients who fail to comply with the Letairis REMS Program requirements
- I will notify the Letairis REMS Coordinating Center of any adverse events, or if any patient becomes pregnant during Letairis treatment or within 1 month after stopping treatment

REQUIRED	Prescriber Signature:	Date:

Please visit **www.letairisrems.com** or call **1-866-664-5327** for more information about the Letairis REMS Program.

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Letairis®
ambrisentan
5 mg and 10 mg Tablets