## **Reproductive Potential Status Form**

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

Complete this form to:

🚺 GILEAD

1. Change the reproductive status of any female patient, or

2. Complete the annual verification of reproductive potential status for Pre-Pubertal Females at least 8 years of age and older **Prescriber must complete this form within 10 business days of awareness of the change in reproductive potential status.** 

1 Patient Information (PLEASE PRINT)						
Patient Letairis REMS ID:						
First Name:	Middle Initial:	Last Name:				
Address:		City:		State:	ZIP:	
Birthdate:		Phone:				
2 Prescriber Information (PLEASE PRINT)						
First Name:		Last Name:	State License #:			
Address:		City:		State:	ZIP:	
Phone: ( )		Fax: ( )		NPI #:		
Office Contact (First and Last Name):		E-mail Address:				
<ul> <li>Definitions of Reproductive Potential Status:</li> <li>Females of Reproductive Potential include girls who have entered puberty and all women who have a uterus and have not passed through Menopause (as defined below).</li> <li>For the purposes of this REMS, puberty includes those girls who are at least Tanner Stage 3 and have not yet had a menses (premenarchal).</li> <li>Females of Non-Reproductive Potential</li> <li>Pre-Pubertal Females: Females who are at Tanner Stages 1 and 2 are not considered to be of reproductive potential.</li> <li>Post-Menopausal Female: Females who have passed through Menopause (as defined below).</li> <li>Menopause</li> <li>Menopause is defined as 12 months of spontaneous amenorrhea (not amenorrhea induced by a medical condition or medical therapy) or post-surgical from bilateral oophorectomy.</li> <li>Please select the most appropriate reason for submitting this form.</li> </ul>						
Annual Verification         Patient remains a Pre-Pubertal Female (8 years of age or older)         Change in Status         Patient is a Female of Reproductive Potential because:         Patient is a female who has entered puberty, or         Patient was previously misclassified         Patient is a Female of Non-Reproductive Potential because:         Patient is Post-Menopausal, or         Patient was previously misclassified, and is now Pre-Pubertal, or         Patient was previously misclassified, and is now Post-Menopausal						
By signing, I certify that the patient's reproductive potential status and reason for submitting this form are accurately noted above. Prescriber Signature:				Date:		

Please visit **www.letairisrems.com** or call **1-866-664-5327** for more information about the Letairis REMS Program. This form is part of an FDA-approved REMS.



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