Addyi® REMS Program

Patient-Provider Agreement Form

Healthcare Provider:
- Alcohol use is contraindicated in women taking Addyi® (flibanserin).
- Addyi and alcohol interact and increase the risk of severe hypotension and syncope.
- I agree to:
  - Use this Patient-Provider Agreement Form to counsel my patients about these risks and
    the importance of abstaining from alcohol.
  - Sign this form along with my patient and place a copy in her chart.
  - Tear off the bottom portion and provide it to my patient to take home for her reference.

Prescriber Signature_____________________________              Date_________________

Pharmacist: This form may be used as an optional tool for counseling patients. No charting or
signatures are required.

Patient:
I understand that I must not drink alcohol while taking Addyi. Drinking alcohol during treatment
with Addyi has been shown to increase the risk of severe low blood pressure and fainting (loss of
consciousness).
- If I feel lightheaded or dizzy, I will lie down right away and seek medical help if these
  symptoms do not go away.
- If I faint (lose consciousness), I will tell my healthcare provider as soon as possible.
- I understand that I should only take Addyi at bedtime.
- If I miss a dose, I will skip the missed dose. I will take my next dose the next day at bedtime.
- I understand the instructions that my healthcare provider has given to me.

Patient Signature____________________________________             Date___________________

Tear here ----------------------------------------Tear here-----------------------------------------------------Tear here

Addyi Patient Information

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  - Provide a copy of this form to my patient to reinforce safety messages with Addyi.

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