

Ambrisentan REMS Prescriber Enrollment and Agreement Form

To enroll in the Ambrisentan REMS, complete and fax this form to 1-866-750-9802 or complete and submit online at www.ambrisentanrems.us.com

1 Prescriber Information (PLEASE PRINT)			
First Name:	Middle Initial:	Last Name:	
Suffix:			
Specialty:	Name of Facility:		
Office Contact (First and Last Name):			
Address:	City:	State:	Zip:
Email:	Phone:	Fax:	
State License #:	NPI #:		
2 Prescriber Agreement			
By signing below, you attest to the following:			
<ul style="list-style-type: none">I have reviewed the Prescribing Information and the Prescriber and Pharmacy Guide and agree to comply with the REMS requirements.I will enroll in the REMS by completing the Prescriber Enrollment Form and submitting it to the REMS.			
For all females:			
<ul style="list-style-type: none">I will determine the reproductive potential status of all female patients using the definitions provided in the Prescriber and Pharmacy Guide and document and submit the results to the REMS using the Patient Enrollment Form.I will counsel all female patients that ambrisentan is only available through a restricted distribution program called the Ambrisentan REMS.I will enroll all female patients by completing and submitting the Patient Enrollment Form.			
For females of reproductive potential:			
<ul style="list-style-type: none">I will counsel Females of Reproductive Potential about the risk of embryo-fetal toxicity, the need to use highly reliable contraception during treatment and for one month following treatment discontinuation, and emergency contraception using the Guide for Female Patients.I will assess the pregnancy status of Females of Reproductive Potential by ordering and reviewing a pregnancy test before treatment initiation, before writing each prescription, and for one month after treatment discontinuation.I will counsel Females of Reproductive Potential if they are not complying with the required testing or if they are not using appropriate contraception.			
Pre-pubertal females:			
<ul style="list-style-type: none">I will counsel each Pre-Pubertal Female patient and her parent/guardian on the risk of embryo-fetal toxicity using the Guide for Female Patients.I will regularly assess the reproductive status of each Pre-Pubertal Female during their treatment with ambrisentan.I will assess the reproductive status for Pre-Pubertal Females who are 8 years of age and older and will document and submit findings to the REMS at least annually using the Change in Reproductive Potential Status and Pre-Pubertal Annual Verification Form.			
At all times:			
<ul style="list-style-type: none">I will report any change or misclassification in reproductive status to the Ambrisentan REMS using Change in Reproductive Potential Status and Pre-Pubertal Annual Verification Form within 10 business days of becoming aware of the change in reproductive status.I will report pregnancies to the REMS.			
REQUIRED	Prescriber Signature:	Date:	

Please visit www.ambrisentanrems.us.com or call 1-888-417-3172 for more information about the Ambrisentan REMS.

This form is part of an FDA-approved REMS.