Opsumit REMS (Risk Evaluation and Mitigation Strategy)

A Risk Evaluation and Mitigation Strategy (REMS) is a program required by the Food and Drug Administration (FDA) to manage serious risks associated with a drug product.

The Opsumit REMS is for females only. Male patients are not required to enroll in the Opsumit REMS.

The goal of the Opsumit REMS is to mitigate the risk of embryo-fetal toxicity associated with Opsumit by:

1. Ensuring prescribers are educated on the following:
   - the risks of embryo-fetal toxicity
2. Ensuring prescribers are educated on and adhere to the following:
   - counseling patients about these risks and the need for monthly monitoring
   - enrolling patients in the Opsumit REMS
   - monitoring patients at baseline and monthly
3. Ensuring that pharmacies are educated on the following:
   - the risks of embryo-fetal toxicity
4. Ensuring that pharmacies are educated on and adhere to the following:
   - verifying that the appropriate patient monitoring and counseling has occurred before dispensing Opsumit
5. Ensuring that patients are informed about:
   - the risks of embryo-fetal toxicity
   - appropriate baseline and monthly patient monitoring
   - appropriate contraception

Opsumit REMS Overview:

- All healthcare providers must enroll in the Opsumit REMS and comply with requirements to prescribe Opsumit
- All female patients must be enrolled in the Opsumit REMS to receive Opsumit
- Females of Reproductive Potential and Pre-pubertal Females of Non-Reproductive Potential are required to be counseled on the risks of Opsumit
- Females of Reproductive Potential are required to get monthly pregnancy testing
- A limited number of certified pharmacies will dispense Opsumit for outpatients. They must enroll in the Opsumit REMS and agree to the REMS requirements
- Pharmacies that supply inpatient use of Opsumit must also be certified by enrolling in the Opsumit REMS and agreeing to the REMS requirements

Opsumit® is an endothelin receptor antagonist (ERA) indicated for the treatment of pulmonary arterial hypertension (PAH; WHO Group I) to reduce the risks of disease progression and hospitalization for PAH.

Effectiveness was established in a long-term study in PAH patients with predominantly WHO Functional Class II-III symptoms treated for an average of 2 years. Patients had idiopathic and heritable PAH (57%), PAH caused by connective tissue disorders (31%), and PAH caused by congenital heart disease with repaired shunts (8%).
Prescriber Roles & Responsibilities

Healthcare providers must follow the steps in the Upsumt REMS

1. Read the Prescriber Information and the Prescriber Pharmacy Guide to understand the risks of Oxycontin and to learn about the Upsumt REMS

2. Complete a Prescriber Enrollment and Agreement Form

You can download the Prescriber Enrollment Agreement Form from our website at www.Oxycontin.com. The forms are available in PDF format. To enroll, you must first complete the agreement and agree to follow all applicable laws and regulations.

3. Determine the reproductive potential for female patients

- Providers should identify female patients compliant with the Patient Information and Consent Form. They can do this by:
  - Asking the patient if she has any active or potential冒性 problems.
  - Reviewing the patient's medical records for any mention of menopause or any potential冒性 problems.
  - Reviewing the patient's medical records for any mention of potential冒性 problems.

4. Educate and counsel female patients about the risks of Oxycontin

- For all female patients:
  - Advise the patient that Oxycontin may cause serious or fatal adverse effects.
  - Ask the patient if she has any active or potential冒性 problems.
  - Review the patient's medical records for any mention of menopause or any potential冒性 problems.

5. Provide the Patient Information and Consent Form to the patient

- For female patients:
  - Provide the Patient Information and Consent Form to the patient.
  - Ask the patient if she has any active or potential冒性 problems.
  - Review the patient's medical records for any mention of menopause or any potential冒性 problems.

6. Follow the agreement and the agreement form

- For all female patients:
  - Follow the agreement and the agreement form.
  - Ask the patient if she has any active or potential冒性 problems.
  - Review the patient's medical records for any mention of menopause or any potential冒性 problems.

7. Provide the Patient Information and Consent Form to the patient

- For female patients:
  - Provide the Patient Information and Consent Form to the patient.
  - Ask the patient if she has any active or potential冒性 problems.
  - Review the patient's medical records for any mention of menopause or any potential冒性 problems.
Information for Female Patients

What is Opsumit (macitentan)?
Opsumit is a prescription medicine used to treat pulmonary arterial hypertension (PAH), which is high blood pressure in the arteries of your lungs. Opsumit can improve your ability to exercise, improve some of your symptoms, and help slow down the progression of your disease. Opsumit can also lower your chance of being hospitalized for PAH.

It is not known if Opsumit is safe and effective in children.

What are the serious risks of Opsumit?
Opsumit can cause serious birth defects if taken during pregnancy. Women must not be pregnant when they start taking Opsumit or become pregnant while taking Opsumit.

What is the Opsumit REMS (Risk Evaluation and Mitigation Strategy)?
The Opsumit REMS is a program to tell patients and healthcare providers about the risk of serious birth defects when taking Opsumit. This program is required by the Food and Drug Administration (FDA). All females must enroll in the Opsumit REMS to receive Opsumit. REMS stands for Risk Evaluation and Mitigation Strategy.

Females who cannot get pregnant
You are considered a female who is not able to get pregnant if you:
- Have not yet entered puberty, or
- Do not have a uterus, or
- Have gone through menopause. (Menopause means that you have not had a menstrual period for at least 12 months for natural reasons, or that you have had your ovaries removed), or
- Are infertile for other medical reasons and this infertility is permanent and cannot be reversed.

To receive Opsumit, you must:
- Enroll in the Opsumit REMS by completing the Patient Enrollment and Consent Form
- Your prescriber will help you complete this form
- You must understand your requirements in the Opsumit REMS and provide your signature:
  - electronically (if enrolling online), or
  - on the form itself (if enrolling by paper), or
  - by calling Actionel Pathways® to provide your verbal consent (if enrolling by phone)
- Tell your prescriber if you become pregnant or your ability to become pregnant changes
- Receive counseling from your prescriber on the risk of serious birth defects (only if you are pregnant)
- Be monitored every year to see if your ability to become pregnant changes and tell your prescriber if your ability to become pregnant changes (only if you are over the age of 18)

Note: If you are a parent or caregiver of a female child who started taking Opsumit before reaching puberty, you should check your child regularly to see if she is developing signs of puberty. Tell your doctor right away if you notice that she is developing breast buds or pubic hair.
Your doctor should decide if your child has reached puberty. Your child may reach puberty before having her first menstrual period.

Females who can get pregnant
You are considered a female who can get pregnant if you:
- Have entered puberty, even if you have not started your period, and
- Have a uterus, and
- Have not gone through menopause (have not had a period for at least 12 months for normal reasons, or have had your ovaries removed)

To receive Opsumit, you must:
- Enroll in the Opsumit REMS by completing the Patient Enrollment and Consent Form
- Your prescriber will help you complete this form
- You must understand your requirements in the Opsumit REMS and provide your signature:
  - electronically (if enrolling online), or
  - on the form itself (if enrolling by paper), or
  - by calling Actionel Pathways® to provide your verbal consent (if enrolling by phone)
- Talk to your healthcare provider about the risks and benefits of Opsumit
- Read the Guide for Female Patients
- Have a negative pregnancy test:
  - before you start taking Opsumit
  - each month before you receive your refill
  - for one month after you stop taking Opsumit
- Your healthcare provider will order the pregnancy tests for you. You may not receive your Opsumit refill on time if you do not complete with the pharmacy that you have had your monthly pregnancy test
  - Use reliable forms of birth control at all times during Opsumit treatment and for one month after stopping treatment with Opsumit
- Do not have unprotected sex
- Immediately notify your healthcare provider if you miss a menstrual period or suspect you are pregnant

Please see the resources below to learn more about taking Opsumit and the Opsumit REMS.
Pharmacy Certification

Due to the risk of serious birth defects, Opsumit is only available through a network of certified pharmacies. For information on Opsumit certified pharmacies or wholesale distributors, please call Actelion Pathways® at 1-866-228-3546.

Outpatient Pharmacy Certification

Opsumit will be dispensed to outpatients by a limited number of certified pharmacies. Prior to dispensing Opsumit the pharmacy will confirm that the prescriber who wrote the prescription is enrolled, and if the patient is a female that she is enrolled in the Opsumit REMS. If either the female or prescriber is not enrolled, Opsumit will not be dispensed.

For Females of Reproductive Potential, pharmacies will:

- Ask the patient if she has had a pregnancy test within the last month
- Counsel her on the need to use reliable contraception during Opsumit treatment and for one month after stopping treatment
- Counsel her to inform her prescriber immediately if she misses a menstrual period or suspects that she may be pregnant or if her reproductive status changes

For Pre-pubertal Females, pharmacies will:

- Counsel her to inform her healthcare provider immediately if her reproductive status changes

Females of Reproductive Potential and Pre-pubertal Females will only be able to get a 30-day supply of Opsumit at one time. The Opsumit Medication Guide will be provided to all patients each time Opsumit is dispensed.

Inpatient Pharmacy Certification

This inpatient pharmacy will:

- Dispense only to those patients under the supervision and care of a healthcare provider who is enrolled in the Opsumit REMS
- Dispense to a female patient only after she has been enrolled in the Opsumit REMS or if she will be enrolled prior to discharge from this healthcare facility. A female who has not been enrolled by the certified prescriber will not have access to Opsumit in the inpatient setting until such time that registration has been completed
- Dispense no more than a fifteen (15) day temporary supply of Opsumit upon discharge of any patient
- Not transfer Opsumit to any pharmacy, practitioner, or healthcare setting not certified by Actelion Pathways

To be certified in the Opsumit REMS, an authorized representative of the inpatient pharmacy must:

- Read the Opsumit Prescribing Information and Prescriber and Pharmacy Guide
- Put processes and procedures in place to ensure the Opsumit REMS requirements are met
- Ensure training of dispensing staff on the Opsumit REMS procedures and materials, including the Prescriber and Pharmacy Guide prior to dispensing Opsumit
- Enroll the Opsumit REMS if the inpatient pharmacy designates a new authorized representative by completing signing, and submitting a new Inpatient Pharmacy Enrollment Form as soon as the designated authorized representative changes
- Notify Actelion Pharmaceuticals US, Inc. (“Actelion”) or FDA if any patient becomes pregnant during Opsumit treatment
- Develop a process to track compliance with the conditions above and provide information about its compliance to Actelion
- Agree that this pharmacy may be subject to an audit by the FDA, Actelion, or a designated third party
- Agree to follow the REMS requirements by completing and submitting an Inpatient Pharmacy Enrollment Form to the Opsumit REMS

- Authorized representatives can complete the Inpatient Pharmacy Enrollment Form by:
  - Forging the printed form to 1-866-279-0669
  - Calling the Opsumit REMS at 1-866-228-3546

If an inpatient pharmacy needs Opsumit and is not enrolled in the Opsumit REMS, the inpatient pharmacy can contact Actelion Pathways at 1-866-228-3546 for assistance in obtaining a 15-day supply of Opsumit for a specific inpatient while initiating enrollment.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

To learn more about the serious risks associated with Opsumit, please refer to the resources below.

Inpatient Pharmacy Enrollment Form

Opsumit Prescribing Information

Prescriber and Pharmacy Guide

Guide for Female Patients

Contact Us | Privacy Policy | Terms & Conditions | Site Map | Prescribing Information

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Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Information

* First name
* Last name
* Birth date
Primary phone #
* Address
Legal guardian
Emergency contact
* Gender
○ Male
○ Female
Primary language
Email address
Alternate phone #
State
Select One
* Zip
Relationship
Phone #
Best time to call

Continue

Female Patient Agreement

Prescriber Information

Prescriber Authorization

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient information has been captured.

Modify

How do you want to provide female patient's agreement?
- Patient or legal guardian is here to sign
- Email patient
- Skip for now
Submit

Prescriber Authorization

Prescribing Information

Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

How do you want to provide female patient's agreement?

- Patient or legal guardian is here to sign
- Email patient
- Skip for now

* Who is signing the agreement?
  - Patient
  - Legal guardian

* Female Patient Agreement

For All Females: I acknowledge that I understand that Opsumit is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS). I acknowledge that I have received and read the Guide for Female Patients. I understand that I will be contacted by Actelion and/or its agents and contractors to receive counseling and education on the Opsumit REMS and the risk of serious birth defects, the need to use reliable contraception during Opsumit treatment and for 1 month after stopping Opsumit treatment, the

- I Agree (Required)

* Signer's Full Name

- Type It
- Sign It

Signature Preview

* Witness

I, [Your Name] attest to in witness whereof, [Patient Name] signing the patient authorization and release. (Required)

* Initials

Continue

Prescriber Information

This website is subject to the terms and conditions outlined in the legal and privacy statement.
Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Information

Patient information has been captured.

Modify

Female Patient Agreement

Female patient agreement has been captured.

Modify

Prescriber Information

* First name

Middle Initial

* Last name

Address

* Zip

Phone #

* NPI #

Fax #

Opsumit Prescriber ID

City

State

Select One

Office contact and email address

Continue

Prescriber Authorization

Submit

Reference ID: 4384835

Reference ID: 4446221

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Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

**Patient Information**

Patient information has been captured.

Modify

**Female Patient Agreement**

How do you want to provide female patient's agreement?

- Patient or legal guardian is here to sign
- Email patient
- Skip for now

Patients have the ability to submit consent electronically. If available, please provide the patient's e-mail address below so that we can send them the above link to obtain consent. The patient's e-mail address will not be used for any other purpose.

* Patient's Email:  

Send Email

**Prescriber Information**

**Prescriber Authorization**

Submit
Dear [Patient],

During your last appointment with Dr. [First Name] [Last Name] on [Month] [Day], [Year], and after careful review of our records, we did not receive your signature on the OPSUMIT® REMS Patient Enrollment and Consent form. To complete your enrollment in OPSUMIT® REMS and have access to OPSUMIT®, please click here and complete the online form.

Thank you!

OPSUMIT® REMS

This message is intended solely for the designated recipient(s). It may contain confidential or proprietary information and may be subject to attorney-client privilege or other confidentiality protections. If you are not a designated recipient you may not review, copy or distribute this message. If you receive this in error, please notify the sender by reply e-mail and delete this message. Thank you.

This is an automated message sent from: OpsumitREMS.com
Date Created (RFC 822): [Weekday], [Day] [Month], [Year] [hh]:[mm]:[ss] +0000
Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Information

* First name
* Middle Initial
* Last name
* Gender
  - Male
  - Female
* Birth date
Primary language
Email address
Primary phone #
Alternate phone #
Best time to call
Address
City
State
* Zip
Legal guardian
Relationship
Phone #
Emergency contact
Relationship
Phone #
* Last 4 Digits of SSN

Continue

Female Patient Agreement

Prescriber Information

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient information has been captured.

Who is authorizing?
- Patient
- Legal guardian
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient information has been captured.

Who is authorizing?
- Patient
- Legal guardian

Female Patient Agreement

For All Females: I acknowledge that I understand that Opsumit is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS). I acknowledge that I have received and read the Guide for Female Patients.

For Females Who Can Get Pregnant: I acknowledge that I have been counseled on the risks of Opsumit, including the risk of serious birth defects. I have read the Guide for Female Patients. I understand that I will be contacted by Actelion and/or its agents and contractors to receive counseling and education on the Opsumit REMS and the risk of serious birth defects. The need to use reliable contraception during Opsumit treatment and for 1 month after stopping Opsumit treatment, the

I Agree (Required)

Signer’s Full Name

Type It  Sign It

Continue

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

**Patient Information**

Patient information has been captured.

**Female Patient Agreement**

Who is authorizing?

- Patient
- Legal guardian

**Relationship to Patient**

**Female Patient Agreement**

For All Females: I acknowledge that I understand that Opsumit is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS). I acknowledge that I have received and read the Guide for Female Patients.

For Females Who Can Get Pregnant: I acknowledge that I have been counseled on the risks of Opsumit, including the risk of serious birth defects. I have read the Guide for Female Patients. I understand that I will be contacted by Actelion and/or its agents and contractors to receive counseling and education on the Opsumit REMS and the risk of serious birth defects, the need to use reliable contraception during Opsumit treatment and for 1 month after stopping Opsumit treatment, the

- I Agree (Required)

**Signer's Full Name**

- Type It
- Sign It

Signature Preview

Continue

**Prescriber Information**

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient information has been captured.

Female patient agreement has been captured.

Prescriber information has been captured.

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

**Patient Enrollment and Consent**

- **Patient Information**
  - Patient information has been captured.
  - Modify

- **Female Patient Agreement**
  - Female patient agreement has been captured.
  - Modify

- **Prescriber Information**
  - Prescriber information has been captured.
  - Modify

**Preview the Patient Enrollment and Consent form, then click “Submit.”**

Preview Patient Enrollment and Consent form

Submit
Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Information

Patient information has been captured.

Modify

Female Patient Agreement

Female patient agreement has been captured.

Modify

Prescriber Information

Prescriber information has been captured.

Modify

Preview the Patient Enrollment and Consent form, then click “Submit.”

Preview Patient Enrollment and Consent form

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

**Patient Information**

Patient information has been captured.

Modify

**Female Patient Agreement**

An email has been sent to the patient with instructions to provide Female Patient's Agreement.

Modify

**Prescriber Information**

* First name

Middle Initial

* Last name

* Address

City

State

Select One

* Zip

Phone #

Opsumit Prescriber ID

Fax #

* NPI #

Office contact and email address

Continue

**Prescriber Authorization**

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient information has been captured.

Female Patient Agreement has been skipped.

Prescriber Information

- First name
- Middle Initial
- Last name
- Address
- City
- State
- Zip
- Phone #
- NPI #
- Office contact and email address
- Opsumit Prescriber ID

Prescriber Authorization
Opsumit® (sotolol) is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Enrollment and Consent

Opsumit® is intended for use only in patients who meet the following criteria:

- Post-menopausal female patients
- Patients with other medical reasons for permanent, irreversible infertility
- Females of Non-Reproductive Potential
- Females of Reproductive Potential

For patients who meet these criteria, the following information must be captured:

- Female Patient Agreement
- Prescriber Information
- Prescriber Authorization

Definitions of Reproductive Potential Status

Females of Reproductive Potential

- Females of reproductive potential include girls who have entered puberty and all females who have menstruated. For the purposes of this REMS, puberty includes girls who are at least Tanner Stage 3 and have not yet had a menses (premenarchal) or have had amenorrhea for 12 months of spontaneous amenorrhea (not amenorrhea induced by a medical condition or medical therapy) or post-surgical from bilateral oophorectomy.

- Females with other medical reasons for permanent, irreversible infertility.

Females of Non-Reproductive Potential

- Pre-pubertal Females: Females who are at Tanner Stages 1 and 2 are not considered to be of reproductive potential. Females who are at least 12 years old are considered reproductive potential if they have a successful menstrual period (a period that is not induced by a medical condition or medical therapy) and can have a pregnancy. If this patient is a Female of Reproductive Potential (which includes females who have undergone tubal sterilization), has a negative pregnancy test been completed prior to prescribing Opsumit?

- Post-menopausal Female: Females who are no longer menstruating. If this patient is a Female of Reproductive Potential (which includes females who have undergone tubal sterilization), has a negative pregnancy test been completed prior to prescribing Opsumit?

- Female with other medical reasons for permanent, irreversible infertility.

* Check the box below agreeing to the accuracy of the information.
Patient Enrollment and Consent

Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

**Patient Information**

Patient information has been captured.

Modify

**Female Patient Agreement**

Female patient agreement has been captured.

Modify

**Prescriber Information**

Prescriber information has been captured.

Modify

**Prescriber Authorization**

Prescriber authorization has been captured.

Modify

Preview the Patient Enrollment and Consent form, then click “Submit.”

Preview Patient Enrollment and Consent form

Submit
Opsumit® is only available through a restricted distribution program under an FDA-required Risk Evaluation and Mitigation Strategy (REMS).

Patient Information has been captured.

Modify

Female patient agreement has been captured.

Modify

Prescriber information has been captured.

Modify

Prescriber authorization has been captured.

Modify

Preview the Patient Enrollment and Consent form, then click “Submit.”

Preview Patient Enrollment and Consent form

Submit
Thank you for your submission