

### PS-Ambrisentan REMS Prescriber Enrollment and Agreement Form

To enroll in the PS-Ambrisentan REMS, complete and fax this form to 1-888-870-1819. You may also enroll online ([www.PSAmbrisentanREMS.com](http://www.PSAmbrisentanREMS.com)) or on the mobile app.

#### 1 Prescriber Information (PLEASE PRINT)

First Name:		Middle Initial:	Last Name:		Suffix:
Specialty:	Credentials: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> Other		Name of Facility:		
Address:		City:	State:	Zip:	
Email Address:		Mobile: ( )	Phone: ( )	Fax: ( )	
Individual NPI #:			State License #:		
Preferred Time of Contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			Preferred Method of Contact: <input type="checkbox"/> Mobile App <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call		

#### 2 Office Contact Information

Office Contact (First and Last Name):					
Email Address:		Mobile: ( )	Phone: ( )	Fax: ( )	
Alternate Contact Preferred Method of Contact: <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call			Alternate Contact Preferred Time of Contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

#### 3 Prescriber Agreement

By signing below, you attest to the following:

I have reviewed the Prescribing Information and **Prescriber Guide** and agree to comply with the PS-Ambrisentan REMS requirements.

##### For all females:

- I will determine the reproductive potential status of all female patients using the definitions provided in the **Prescriber 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 PS-Ambrisentan REMS.
- I will enroll all female patients by completing and submitting the **Patient Enrollment Form**.

##### For females of reproductive potential:

- 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.

##### For pre-pubertal females:

- I will counsel each Pre-Pubertal Female patient and her parent/guardian about 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:

- I will report a change or misclassification in reproductive status to the REMS using the **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: <b>X</b>	Date: / /
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Please visit [www.PSAmbrisentanREMS.com](http://www.PSAmbrisentanREMS.com) or call the PS-Ambrisentan REMS Coordinating Center at 1-888-301-0333 for more information about the PS-Ambrisentan REMS.