

PS-Ambrisentan REMS Change in Reproductive Potential Status and Pre-Pubertal Annual Verification Form

FAX FORM TO: 1-888-870-1819

Complete this form to:

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 eight years of age and older

Prescriber must submit this form within 10 business days of becoming aware of the change in reproductive status.

Reproductive status can also be updated online at www.PSAmbrisentanREMS.com or on the prescriber mobile app.

1 Patient Information (PLEASE PRINT)

First Name:	Middle Initial:	Last Name:		
Address:		City:	State:	Zip:
Birthdate: / /		Phone: ()		

2 Prescriber Information (PLEASE PRINT)

First Name:	Last Name:	Individual NPI #		
Address:		City:	State:	Zip:
Phone: ()	Fax: ()	State License #		
Office Contact (First and Last Name):			Prescriber Email Address:	

Definitions of Reproductive Potential Status:

Females of Reproductive Potential

- 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).
- 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).

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.
- Post-menopausal Female: Females who have passed through menopause (as defined below).
- Females with other medical reasons for permanent, irreversible infertility.

Menopause

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.

3 Please select the most appropriate reason for submitting this form.

Change in Status

- **Based on definitions of reproductive potential status, patient is (please check one):**
 - Female of Reproductive Potential
 - Female of Non-Reproductive Potential – Patient is pre-pubertal
 - Female of Non-Reproductive Potential – Patient is post-menopausal
 - Female of Non-Reproductive Potential – Other medical reasons for permanent, irreversible infertility
- **Reason for change in classification (please check one):**
 - Physiological transition
 - Medical/surgical (please specify): _____
 - Other (please specify): _____

Annual Verification

- Patient remains a Pre-pubertal Female (eight years of age or older)

Required	Prescriber Signature. By signing, I certify that the patient's reproductive potential status and reason for submitting this form are accurately noted above. X	Date: / /
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