

LEAP Prescriber Enrollment and Agreement Form

To be enrolled into LEAP, complete and fax the front of this form. **FAX:** 1-888-882-4035

Prescriber Information

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Specialty _____ Name of Facility _____ Office Contact _____

Address _____ City _____ State _____ ZIP _____

E-mail _____ Phone (____) _____ Fax (____) _____

State License # _____ NPI # _____ DEA # _____

Prescriber Agreement

By signing below, you signify your understanding of the risks of LETAIRIS™ (ambrisentan) treatment and your obligation as a LETAIRIS prescriber to educate your patients about these risks, counsel them on risk reduction, monitor them appropriately, and report adverse events to LEAP. Specifically, you attest to the following:

- I have read the full prescribing information for LETAIRIS.
- I will discuss the risks of LETAIRIS with each patient prior to prescribing LETAIRIS, including the risks of hepatotoxicity, teratogenicity, decreases in hemoglobin concentration and hematocrit, and the potential risk of reduced male fertility.
- I will review the patient Medication Guide and patient education brochure with each patient prior to prescribing LETAIRIS.
- I will order and review liver function tests (including aminotransferases and bilirubin) and pregnancy tests (for female patients of childbearing potential*) prior to initiating treatment with LETAIRIS and monthly during treatment.
- I will educate and counsel female patients of childbearing potential about the need to use 2 different forms of contraception, including at least 1 primary form of contraception, simultaneously during LETAIRIS treatment and for 1 month following treatment discontinuation. If the patient has had a tubal sterilization or a Copper T 380A IUD or LNG 20 IUD inserted, no additional contraception is needed.
 - Primary forms of contraception include tubal sterilization, hormonal (combination oral contraceptives, transdermal patch, injectables, implantables, or vaginal ring), IUD, and a partner's vasectomy. A Copper T 380A IUD or LNG 20 IUD can be used alone (i.e., without a secondary form of contraception, as can tubal sterilization).
 - Secondary forms of contraception include barrier contraceptives such as latex condoms, diaphragms, and cervical caps.
- I will counsel patients on suitable forms of contraception or refer the patient to a healthcare professional with experience in contraception for counseling.
- I will measure hemoglobin and hematocrit prior to initiating treatment with LETAIRIS, at 1 month, and periodically thereafter.
- I will counsel patients who fail to comply with the program requirements.
- I will notify LEAP of any adverse events, including liver injury, or if any patient becomes pregnant during LETAIRIS treatment.
- I agree to re-enroll appropriate patients after the first 6 months and annually thereafter by completing and submitting a new patient enrollment form.

Prescriber Signature _____ **Date** _____

If you have any questions, please call 1-866-664-LEAP (5327).

Please visit www.letairis.com or www.gilead.com for more information.

*See reverse side for definition of a female patient of childbearing potential.

