



Addyi® REMS Program Prescriber Enrollment Form

The Food and Drug Administration has required a Risk Evaluation and Mitigation Strategy (REMS) for Addyi® (flibanserin) to mitigate the increased risk of hypotension and syncope associated with flibanserin due to an interaction with alcohol. Addyi is only available from prescribers and pharmacies that have been certified through the Addyi REMS Program.

Completing prescriber certification can either be done online at www.AddyiREMS.com or by reviewing a hard copy of the *Addyi REMS Program Prescriber and Pharmacy Training Program*, completing the *Addyi REMS Program Knowledge Assessment*, and submitting this Enrollment Form. If you've received a hard copy of the *Addyi REMS Program Prescriber and Pharmacy Training Program*, successfully completing the prescriber certification process requires you to:

1. Read the Addyi Prescribing Information and *Addyi REMS Program Prescriber and Pharmacy Training Program*.
2. Review your knowledge and successfully complete the *Addyi REMS Program Knowledge Assessment*.
3. Enroll by completing the *Addyi REMS Program Knowledge Assessment* and this one-time *Addyi REMS Program Prescriber Enrollment Form* (all fields must be completed). This may be:
 - a. Faxed to the Addyi REMS Program Support Center at 1-844-694-3373 or
 - b. Scanned and e-mailed to AddyiREMSEnroll@AddyiREMS.com

Prescriber Attestations:

1. I understand that Addyi is only available through prescribers and pharmacies that are certified by the Addyi REMS Program and that I must comply with the program requirements to prescribe Addyi.
2. I understand that there is an increased risk of hypotension and syncope associated with Addyi due to an interaction with alcohol.
3. I have reviewed the Addyi Prescribing Information.
4. I have reviewed the *Addyi REMS Program Prescriber and Pharmacy Training Program* and successfully completed the *Addyi REMS Program Knowledge Assessment*.
5. I will counsel my patients about the increased risk of hypotension and syncope associated with Addyi due to an interaction with alcohol, using the *Addyi REMS Program Patient-Provider Agreement Form*.
6. I will maintain the completed *Addyi REMS Program Patient-Provider Agreement Form* in the patient's records and provide the patient with their portion of the *Patient-Provider Agreement* designated for the patient receipt.
7. I understand that the Addyi REMS Program may contact me via phone, mail, or email to survey me on the effectiveness of the REMS Program requirements.
8. I will report any adverse events of hypotension or syncope where an interaction with alcohol cannot be ruled out to Sprout Pharmaceuticals at 1-844-746-5745.

Prescriber's Signature

Date

Print Name

NPI #

DEA#

Please Complete the Following Page



Addyi® REMS Program Prescriber Enrollment Form

First Name: _____

Last Name: _____

Practice Name: _____

Street Address: _____

City: _____

ST: _____

Zip: _____

Are you a: MD DO PA NP Other _____

Clinical Specialty: Gynecology Family Medicine Internal Medicine Psychiatry Other _____

Practice Setting: Outpatient General Practice Outpatient Specialty Inpatient Specialty Other _____

NPI#: _____

DEA # (optional): _____

Telephone #: _____

Fax #: _____

E-mail: _____

Confirm E-mail: _____

Preferred Method of Communication (please select one): Fax Email

If manually completing, please fax all pages of this form to the Addyi REMS Program Support Center (1-844-694-3373) or scan and e-mail to AddyiREMSEnroll@AddyiREMS.com. Ensure your completed Knowledge Assessment and Enrollment Form is provided to the Addyi REMS Program Support Center.