

Addyi™ REMS Program Patient-Provider Agreement Form

<t>\${Name}</t>:

Healthcare Provider:

- Alcohol use is contraindicated in women taking Addyi™ (flibanserin)
- Addyi and alcohol interact and increase the risk of severe hypotension and syncope.
- I agree to:
 - Use this Patient-Provider Agreement Form to counsel my patients about these risks and the importance of abstaining from alcohol.
 - Sign this form along with my patient and place a copy in her chart.
 - **Tear off** the bottom portion and provide it to my patient to take home for her reference.

Prescriber Signature _____ Date _____

Pharmacist: This form may be used as an optional tool for counseling patients. No charting or signatures are required.

Patient:

I understand that I must not drink alcohol while taking Addyi. Drinking alcohol during treatment with Addyi has been shown to increase the risk of severe low blood pressure and fainting (loss of consciousness).

- If I feel lightheaded or dizzy, I will lie down right away and seek medical help if these symptoms do not go away.
- If I faint (lose consciousness), I will tell my healthcare provider as soon as possible.
- I understand that I should only take Addyi at bedtime.
- If I miss a dose, I will skip the missed dose. I will take my next dose the next day at bedtime.
- I understand the instructions that my healthcare provider has given to me.

Patient Signature _____ Date _____

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addyi™
(flibanserin)

Addyi™ Patient Information

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For more information about Addyi please visit www.AddyiREMS.com