## Addyi™ REMS Program <t>\$\{\text{Name}\}</t>: Patient-Provider Agreement Form

## **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 Sig	nature	_ Date		
9				
Pharmacist:	This form may be used as an optional tool for counseling patients. No cha	arting 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			
		tear here					



## **Addyi™ Patient Information**

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

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