

# LETAIRIS® (ambrisentan) + tadalafil Prescription Form

This form is for optional use by the prescriber. To prescribe LETAIRIS and tadalafil together, complete this form, along with the LETAIRIS Patient Enrollment and Consent form, and **FAX both to LEAP at 888-882-4035**.

**Prescribing to Female Patients:** Risk of serious birth defects. LETAIRIS is available only through a restricted distribution program under an FDA-required REMS. The LETAIRIS REMS Program aims to inform of and reduce the serious risk of teratogenicity. ALL FEMALES must enroll in the LETAIRIS REMS Program to receive LETAIRIS. Pregnancy must be excluded prior to the initiation of LETAIRIS treatment, monthly thereafter, and for 1 month after stopping treatment. For REMS information and enrollment forms, please refer to [www.LetairisREMS.com](http://www.LetairisREMS.com)

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Patient Shipping Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Patient Phone (\_\_\_\_\_) \_\_\_\_\_  
Prescriber Name \_\_\_\_\_ Prescriber Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ NPI# \_\_\_\_\_ Prescriber Phone (\_\_\_\_\_) \_\_\_\_\_

## MEDICATION ORDERS

### CHOOSE A DISPENSING OPTION AND APPROPRIATE QUANTITIES:

**OPTION 1:**

**LETAIRIS**

• Directions: Initiate LETAIRIS 5mg daily PO for 8 weeks, then increase to LETAIRIS 10mg daily PO.

• Dispense: **(Female of Reproductive potential limited to a 30-day supply only)**

Initiation: LETAIRIS 5mg tablet  30-day supply X 1 refill  
Ongoing: LETAIRIS 10mg tablet  30-day supply Refills \_\_\_\_\_

**TADALAFIL**

• Directions: Initiate tadalafil 20mg daily PO for 4 weeks, then increase to tadalafil 40mg daily PO.

• Dispense:

Initiation: tadalafil 20mg tablet  30-day supply X No Refill  
Ongoing: tadalafil 20mg tablet  30-day supply  90-day supply or  
 Other \_\_\_\_\_ Refills \_\_\_\_\_

**OPTION 2:**

**LETAIRIS**

• Directions: Initiate LETAIRIS 5mg daily PO for \_\_\_\_\_ weeks, then increase to LETAIRIS 10mg daily PO.

• Dispense: **(Female of Reproductive potential limited to a 30-day supply only)**

Initiation: LETAIRIS 5mg tablet  30-day supply Refills \_\_\_\_\_  
Ongoing: LETAIRIS 10mg tablet  30-day supply Refills \_\_\_\_\_

**TADALAFIL**

• Directions: Initiate tadalafil 20mg daily PO for \_\_\_\_\_ weeks, then increase to tadalafil 40mg daily PO.

• Dispense:

Initiation: tadalafil 20mg tablet  30-day supply  
 Other \_\_\_\_\_ Refills \_\_\_\_\_  
Ongoing: tadalafil 20mg tablet  30-day supply  90-day supply or  
 Other \_\_\_\_\_ Refills \_\_\_\_\_

**OPTION 3: OTHER**

**LETAIRIS**

• Directions: \_\_\_\_\_

• Dispense: **(Female of Reproductive potential limited to a 30-day supply only)**

LETAIRIS 5mg tablet  30-day supply Refills \_\_\_\_\_  
LETAIRIS 10mg tablet  30-day supply Refills \_\_\_\_\_

**TADALAFIL**

• Directions: \_\_\_\_\_

• Dispense: tadalafil 20mg tablet

30-day supply,  90-day supply or  
 Other \_\_\_\_\_ Refills \_\_\_\_\_

**Shipping Instructions:**  Ship products together OR  Ship as available

**Statement of Medical Necessity - Diagnosis:**

\_\_\_\_\_ ICD-10: \_\_\_\_\_

### SIGNATURE

I agree to comply with my state-specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc and agree that non-compliance with state-specific requirements could result in additional outreach.

I authorize LEAP, the LETAIRIS Education and Access Program, to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan.

By signing below, I certify that the above therapy is medically necessary.

Prescriber Signature Dispense as Written \_\_\_\_\_ Date \_\_\_\_\_

Prescriber Signature Substitution Allowed \_\_\_\_\_ Date \_\_\_\_\_

(Prescriber attests this is his/her legal signature. NO STAMPS) This prescription is valid only if transmitted by means of a facsimile machine.

**FAX** this form and all patient insurance information, including drug benefit cards (front and back) to

**1-888-882-4035**



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