

**Instructions for Prescribers**

This optional form may be used to confirm the completion of both liver function and pregnancy tests on a single form. Completion of required tests and patient counseling must be confirmed with the Bosentan REMS Program for bosentan to be dispensed to your patient.

- This form may be completed online at [www.BosentanREMSProgram.com](http://www.BosentanREMSProgram.com) or by calling the Bosentan REMS Program Contact Center at 1-866-359-2612
- Your patient will not receive a call from the Bosentan REMS Program during a given month if you have already confirmed completion of tests and counseling for that month
- If this form is not submitted, your patient will receive a call from the Bosentan REMS Program each month during treatment to confirm completion of required tests and counseling on the risks associated with treatment with bosentan

To submit this form via fax, please complete all required fields below and fax to 1-800-730-8231. You will receive a confirmation via the contact preference you identified when you completed the **Bosentan REMS Program Prescriber Enrollment Form**.

**Use this form to:**

1. Report that a patient has been counseled on the risk of hepatotoxicity
2. Report pretreatment and monthly liver function test completion for a patient in the Bosentan REMS Program
3. Report that a female of reproductive potential (as defined in the **Bosentan REMS Program Prescriber Guide**) has been counseled on the risk of embryo-fetal toxicity and the need to use reliable contraception
4. Report pretreatment and monthly pregnancy test completion for a female of reproductive potential in the Bosentan REMS Program

If you have questions, require additional information, or need additional copies of Bosentan REMS Program documents, please visit the program website at [www.BosentanREMSProgram.com](http://www.BosentanREMSProgram.com), or call the Bosentan REMS Program at 1-866-359-2612.

**Prescriber Information (All fields required)**

First Name:	Last Name:	NPI# or DEA#:
Phone:	Fax:	Email Address:

**Patient Information (All fields required)**

First Name:	Last Name:	
Date of Birth (MM/DD/YYYY):	Zip Code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is this patient a Female of Reproductive Potential? (as defined in the <b>Bosentan REMS Program Prescriber Guide</b> ) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Confirm Liver Function Test Completed**

Complete this section to confirm the completion of a liver function test for all patients:

**Monthly liver function test has been completed**  
By checking the above box, you attest that a liver function test has been completed for the patient indicated on this form

Date of Test (MM/DD/YYYY) \_\_\_\_\_

**Confirm Pregnancy Test Completed**

Complete this section to confirm the completion of a pregnancy test only for a patient who is a female of reproductive potential:

**Monthly pregnancy test has been completed**  
By checking the above box, you attest that a pregnancy test has been completed for the patient indicated on this form

Date of Test (MM/DD/YYYY) \_\_\_\_\_

**Acknowledgement of Patient Counseling**

**Patient has been counseled this month on the risks associated with bosentan treatment and the Bosentan REMS Program requirements**  
By checking the above box, you attest that this patient has been counseled this month on the risks of hepatotoxicity and embryo-fetal toxicity, as appropriate for the reproductive potential status as defined in the **Bosentan REMS Program Prescriber Guide**.

**Prescriber Signature**

By signing below, you signify that the appropriate test(s) and/or counseling indicated above have been completed for this patient.

Signature:	Date:
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