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Important Safety Alerts for Patients taking Ambrisentan film coated tablets

This card contains important information about Ambrisentan. Please read this card carefully before starting your treatment with Ambrisentan.

Your name: _____

Prescribing doctor: _____

If you have questions about Ambrisentan ask your doctor.

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Reporting of side effects:

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <http://www.mhra.gov.uk/yellowcard> or search for MHRA Yellow Card in the Google Play or Apple App Store. Side effects should also be reported to Cipla at drugsafety@cipla.com. By reporting side effects, you can help provide more information on the safety of this medicine.

If you are a woman of child-bearing age read this section carefully

Pregnancy

Ambrisentan is teratogenic in animals. Ambrisentan may harm unborn babies conceived before, during or soon after treatment.

If you are a woman:

- You must not take Ambrisentan if you are pregnant, or if you are planning to become pregnant

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- Women of reproductive potential must use reliable contraception whilst taking Ambrisentan
- It is preferable that you and your partner use two forms of contraception that work in different ways
- If you are in any doubt about which contraceptives to use, consult your doctor or a gynaecologist
- A pregnancy test should be taken every month
- If you miss a period, or if you think you may be pregnant, you must tell your doctor straight away

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Your monthly pregnancy test schedule:

Jan _____ May _____ Sep _____

Feb _____ Jun _____ Oct _____

Mar _____ Jul _____ Nov _____

Apr _____ Aug _____ Dec _____

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Blood Test for Liver Function

Ambrisentan may cause liver injury. It is important to have blood tests to monitor your liver function before starting treatment and at regular intervals during treatment to check that your liver is working properly. Monthly liver function tests are recommended.

Date of first monthly test: _____

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Your monthly liver blood test schedule:

Jan _____ May _____ Sep _____

Feb _____ Jun _____ Oct _____

Mar _____ Jul _____ Nov _____

Apr _____ Aug _____ Dec _____

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