



Fax: 1-877-305-6745
Phone: 1-866-474-8326

1. PATIENT INFORMATION

Name (First) (Middle) (Last)

Date of birth SSN Gender: Female Male

Home address

City State ZIP

Shipping address (if different than above)

City State ZIP

Primary telephone (best time to call) Secondary telephone (best time to call)

E-mail address

Emergency contact Relationship Telephone

2. PHYSICIAN INFORMATION

Prescribing MD name (First) (Last)

License # DEA #

NPI # UPIN #

Clinical/Hospital affiliation Office contact person

Address

City State ZIP

Telephone Fax

Referring physician No referring MD

City State ZIP

3. INSURANCE INFORMATION

Primary insurance Employer name

Policy # Group # ID #

Insurance company telephone Policy holder name/relationship

Secondary insurance Employer name

Policy # Group # ID #

Insurance company telephone Policy holder name/relationship

4. MEDICAL INFORMATION/PATIENT EVALUATION

NYHA Functional Class
 Class I Class II Class III Class IV

Allergies
 Yes No If yes _____

Diagnosis
ICD 416.0—Pulmonary Arterial Hypertension (PAH) Idiopathic PAH Familial PAH

ICD 416.8—Pulmonary Arterial Hypertension
 Connective tissue disease HIV
 Congenital heart disease
 Other _____

Concomitant/Current treatment
 None ADCIRCA™ Flolan® Epoprostenol Letairis™ REMODULIN® Revatio™
 Tracleer® TYVASO™ Ventavis® Other _____

Check/Attach copies of
 Calcium-channel blocker statement Chest x-ray ANA results
 Right heart catheterization History and physical Echocardiogram Physician statement
 Lung scan, CT scan, VQ scan, or pulm angiogram Medicare acknowledgment form
 Pain management protocol 6-minute walk test _____ meters

Weight: _____ kg/lb Height: _____ Diabetic: Yes No

Patient status Out-patient In-patient Urgent

5. PRESCRIPTION INFORMATION

ADCIRCA™ (tadalafil) 20 mg tablets
2 tablets (40 mg po QD) #60 X _____ refills
Quantity: 30-day (60 tablets) 60-day (120 tablets) 90-day (180 tablets)

TYVASO™ (treprostinil) Inhalation Solution
Target dose: 9 breaths (54 mcg) QID—Start with 3 breaths (18 mcg) QID (if 3 breaths are not tolerated, use 1 to 2 breaths). Increase by 3 breaths at 1 to 2 week intervals, if tolerated, until the target dose of 9 breaths (54 mcg) QID.
Quantity: TYVASO Inhalation System Starter Kit (28 day supply)
 TYVASO Inhalation System Refill Kit (28 day supply) X _____ refills

REMODULIN® (treprostinil sodium) Injection
Vial concentration: 1 mg/mL (20 mL vial) 2.5 mg/mL (20 mL vial)
 5 mg/mL (20 mL vial) 10 mg/mL (20 mL vial)
Quantity: Dispense 1 month of drug and supplies **Patient dosing weight:** _____ kg/lb

Subcutaneous infusion continuous over 24 hours
Initiation dosage: _____ ng/kg/min Titrate by _____ ng/kg/min every _____ days until goal of _____ ng/kg/min is achieved
Change infusion site q _____ days Palliative meds PRN _____

IV infusion continuous over 24 hours
Initiation dosage: _____ ng/kg/min Titrate by _____ ng/kg/min every _____ days until goal of _____ ng/kg/min is achieved

CVC care Dressing change every _____ days Per IV standard of care

Check one (0.9% sodium chloride will be used if no box is checked):
 0.9% sodium chloride for injection Flolan sterile diluent for injection Sterile water for injection

Pumps: 2 CADD-MS™ 3 Pumps 2 CADD-Legacy® Pumps 2 Crono Five Pumps

Therapy education orders (nurse training):
Location: Hospital Out-patient clinic Home

I certify that the pulmonary arterial hypertension therapy ordered above is medically necessary, that it is safe and appropriate to administer in the home setting, and that I am personally supervising the care of this patient. **PHYSICIAN SIGNATURE REQUIRED TO VALIDATE PRESCRIPTIONS.**

Physician's signature _____ Dispense as written _____ Substitution allowed _____ Date _____
(Physician attests this is his/her legal signature. NO STAMPS.) By signing, I certify that the above therapy is medically necessary.

ADCIRCA is a trademark of Eli Lilly and Company. CADD-MS is a trademark and CADD-Legacy is a registered trademark of Smiths Medical MD, Inc. Crono Five is manufactured by Cane Medical Technology. Flolan is a registered trademark of GlaxoSmithKline. Letairis is a trademark of Gilead. REMODULIN and TYVASO are registered trademarks of United Therapeutics Corporation. Revatio is a trademark of Pfizer Inc. Tracleer and Ventavis are registered trademarks of Actelion Pharmaceuticals, Ltd.