

1. PATIENT INFORMATION		
Name (First)	(Middle)	(Last)
Date of birth	SSN	Gender: <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> No referring MD
City	State ZIP

3. INSURANCE INFORMATION		
<b>Primary insurance</b>		
Employer name		
Policy #	Group #	ID #
Insurance company telephone	Policy holder name/relationship	
<b>Secondary insurance</b>		
Employer name		
Policy #	Group #	ID #
Insurance company telephone	Policy holder name/relationship	

4. MEDICAL INFORMATION/PATIENT EVALUATION	
<b>NYHA Functional Class</b> <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<b>Allergies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes _____
<b>Diagnosis</b>	
<b>ICD 416.0</b> —Pulmonary Arterial Hypertension (PAH) <input type="checkbox"/> Idiopathic PAH <input type="checkbox"/> Familial PAH	<b>ICD 416.8</b> —Pulmonary Arterial Hypertension <input type="checkbox"/> Connective tissue disease <input type="checkbox"/> HIV <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Other _____
<b>Concomitant/Current treatment</b> <input type="checkbox"/> None <input type="checkbox"/> ADCIRCA™ <input type="checkbox"/> Flolan® <input type="checkbox"/> Epoprostenol <input type="checkbox"/> Letairis™ <input type="checkbox"/> REMODULIN® <input type="checkbox"/> Revatio™ <input type="checkbox"/> Tracleer® <input type="checkbox"/> TYVASO™ <input type="checkbox"/> Ventavis® <input type="checkbox"/> Other _____	
<b>Check/Attach copies of</b> <input type="checkbox"/> Calcium-channel blocker statement <input type="checkbox"/> Chest x-ray <input type="checkbox"/> ANA results <input type="checkbox"/> Right heart catheterization <input type="checkbox"/> History and physical <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Physician statement <input type="checkbox"/> Lung scan, CT scan, VQ scan, or pulm angiogram <input type="checkbox"/> Medicare acknowledgment form <input type="checkbox"/> Pain management protocol <input type="checkbox"/> 6-minute walk test _____ meters	
Weight: _____ kg/lb	Height: _____ Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Patient status</b> <input type="checkbox"/> Out-patient <input type="checkbox"/> In-patient <input type="checkbox"/> Urgent	

5. PRESCRIPTION INFORMATION	
<input type="checkbox"/> <b>ADCIRCA™ (tadalafil) 20 mg tablets</b> 2 tablets (40 mg po QD) #60 X _____ refills <b>Quantity:</b> <input type="checkbox"/> 30-day (60 tablets) <input type="checkbox"/> 60-day (120 tablets) <input type="checkbox"/> 90-day (180 tablets)	
<input type="checkbox"/> <b>TYVASO™ (treprostinil) Inhalation Solution</b> 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. <b>Quantity:</b> <input type="checkbox"/> TYVASO Inhalation System Starter Kit (28 day supply) <input type="checkbox"/> TYVASO Inhalation System Refill Kit (28 day supply) X _____ refills	
<input type="checkbox"/> <b>REMODULIN® (treprostinil sodium) Injection</b> <b>Vial concentration:</b> <input type="checkbox"/> 1 mg/mL (20 mL vial) <input type="checkbox"/> 2.5 mg/mL (20 mL vial) <input type="checkbox"/> 5 mg/mL (20 mL vial) <input type="checkbox"/> 10 mg/mL (20 mL vial) <b>Quantity:</b> Dispense 1 month of drug and supplies <b>Patient dosing weight:</b> _____ kg/lb	
<input type="checkbox"/> <b>Subcutaneous infusion</b> 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 _____	
<input type="checkbox"/> <b>IV infusion</b> continuous over 24 hours Initiation dosage: _____ ng/kg/min Titrate by _____ ng/kg/min every _____ days until goal of _____ ng/kg/min is achieved <b>CVC care</b> <input type="checkbox"/> Dressing change every _____ days <input type="checkbox"/> Per IV standard of care <b>Check one</b> (0.9% sodium chloride will be used if no box is checked): <input type="checkbox"/> 0.9% sodium chloride for injection <input type="checkbox"/> Flolan sterile diluent for injection <input type="checkbox"/> Sterile water for injection	
<b>Pumps:</b> <input type="checkbox"/> 2 CADD-MS™ 3 Pumps <input type="checkbox"/> 2 CADD-Legacy® Pumps <input type="checkbox"/> 2 Crono Five Pumps	
<b>Therapy education orders</b> (nurse training): <b>Location:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Out-patient clinic <input type="checkbox"/> 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.