

PLEASE COMPLETE AND FAX TO THE SPECIALTY PHARMACY OF YOUR CHOICE (LISTED IN ALPHABETICAL ORDER):

Accredo
 Fax: 1-800-711-3526
 Phone: 1-866-344-4874

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

CVS/Caremark
 Fax: 1-877-943-1000
 Phone: 1-877-242-2738

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 Heritable 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 up to 3 breaths at 1 and 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) 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 X _____ refills
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
 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.

ADCIRCA® (tadalafil) Tablets

INDICATION

Adcirca is a phosphodiesterase 5 (PDE5) inhibitor indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability. Studies establishing effectiveness included predominantly patients with NYHA Functional Class II – III symptoms and etiologies of idiopathic or heritable PAH (61%) or PAH associated with connective tissue diseases (23%).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Adcirca should not be used in patients taking medicines that contain nitrates, as the combination could cause a sudden, unsafe drop in blood pressure.

Patients with a known serious hypersensitivity to tadalafil should not take Adcirca.

WARNINGS AND PRECAUTIONS

If a patient experiences anginal chest pain after taking Adcirca they should seek immediate medical attention.

Phosphodiesterase type 5 (PDE-5) inhibitors, including tadalafil, have mild systemic vasodilatory properties that may result in transient decreases in blood pressure. Before prescribing Adcirca, physicians should carefully consider whether their patients with underlying cardiovascular disease could be adversely affected by such actions. Pulmonary vasodilators may significantly worsen the cardiovascular status of patients with pulmonary veno-occlusive disease (PVOD) and administration of Adcirca to these patients is not recommended.

The use of Adcirca with alpha blockers, blood pressure medications, and alcohol may lower blood pressure significantly and may lead to symptomatic hypotension (fainting).

Tadalafil is metabolized predominantly by CYP3A in the liver. Use of Adcirca with potent CYP3A inhibitors, such as ketoconazole and itraconazole, should be avoided. For patients on Adcirca therapy that require treatment with ritonavir, Adcirca should be discontinued at least 24 hours prior to starting ritonavir. For patients on ritonavir therapy that require treatment with Adcirca, start Adcirca at 20 mg once a day. Use of Adcirca with potent inducers of CYP3A, such as rifampin, should be avoided.

The use of Adcirca is not recommended for patients with severe renal or hepatic impairment. Please see full prescribing information for dosing recommendations for patients with mild to moderate renal or hepatic impairment.

Adcirca contains the same ingredient (tadalafil) as Cialis, which is used to treat erectile dysfunction (ED). The safety and efficacy of combinations of Adcirca with Cialis or other PDE-5 inhibitors have not been studied. Therefore, the use of such combinations is not recommended.

In rare instances, men taking PDE-5 inhibitors (including tadalafil) for ED reported a sudden decrease or loss of vision or hearing, or an erection lasting more than four hours. A patient who experiences any of these symptoms should seek immediate medical attention.

ADVERSE REACTIONS

The most common adverse event with Adcirca is headache (42% Adcirca vs. 15% placebo). Other common adverse events (reported by ≥9% of patients on Adcirca and more frequent than placebo by 2%) include myalgia, nasopharyngitis, flushing, respiratory tract infection, extremity pain, nausea, back pain, dyspepsia, and nasal congestion.

See accompanying Full Prescribing Information and Patient Information for Adcirca.

For more information about Adcirca, visit <http://www.ADCIRCA.com>, or call 1-800-545-5979.

TYVASO® (treprostinil) Inhalation Solution

INDICATION

Tyvaso is a prostacyclin vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability. Studies establishing effectiveness included predominantly patients with NYHA Functional Class III symptoms and etiologies of idiopathic or heritable PAH (56%) or PAH associated with connective tissue diseases (33%).

The effects diminish over the minimum recommended dosing interval of 4 hours; treatment timing can be adjusted for planned activities.

While there are long-term data on use of treprostinil by other routes of administration, nearly all controlled clinical experience with inhaled treprostinil has been on a background of bosentan (an endothelin receptor antagonist) or sildenafil (a phosphodiesterase type 5 inhibitor). The controlled clinical experience was limited to 12 weeks in duration.

IMPORTANT SAFETY INFORMATION

Tyvaso is intended for oral inhalation only. Tyvaso is approved for use only with the Tyvaso Inhalation System.

The safety and efficacy of Tyvaso have not been established in patients with significant underlying lung disease (such as asthma or chronic obstructive pulmonary disease) and in patients under 18 years of age. Patients with acute pulmonary infections should be carefully monitored to detect any worsening of lung disease and loss of drug effect.

Tyvaso may increase the risk of bleeding, particularly in patients receiving anticoagulants.

In patients with low systemic arterial pressure, Tyvaso may cause symptomatic hypotension. The concomitant use of Tyvaso with diuretics, antihypertensives, or other vasodilators may increase the risk of symptomatic hypotension.

Hepatic or renal insufficiency may increase exposure to Tyvaso and decrease tolerability. Tyvaso dosage adjustments may be necessary if inhibitors of CYP2C8 such as gemfibrozil or inducers such as rifampin are added or withdrawn.

The most common adverse events seen with Tyvaso in ≥4% of PAH patients and more than 3% greater than placebo in the placebo-controlled clinical study were cough (54% vs 29%), headache (41% vs 23%), throat irritation/pharyngolaryngeal pain (25% vs 14%), nausea (19% vs 11%), flushing (15% vs <1%), and syncope (6% vs <1%).

Tyvaso should be used in pregnancy only if clearly needed. Caution should be exercised when Tyvaso is administered to nursing women.

See accompanying Full Prescribing Information, Patient Package Insert and Instructions for Use manual for Tyvaso.

For additional information, visit <http://www.tyvaso.com>, or call 1-877-864-8437.

REMODULIN® (treprostinil) Injection

INDICATION

Remodulin is a prostacyclin vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to diminish symptoms associated with exercise. Studies establishing effectiveness included patients with NYHA Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH (58%), PAH associated with congenital systemic-to-pulmonary shunts (23%), or PAH associated with connective tissue diseases (19%). It may be administered as a continuous subcutaneous infusion or continuous intravenous infusion; however, because of the risks associated with chronic indwelling central venous catheters, including serious blood stream infections, continuous intravenous infusion should be reserved for patients who are intolerant of the subcutaneous route, or in whom these risks are considered warranted.

In patients with PAH requiring transition from Flolan® (epoprostenol sodium), Remodulin is indicated to diminish the rate of clinical deterioration. The risks and benefits of each drug should be carefully considered prior to transition.

IMPORTANT SAFETY INFORMATION

Chronic intravenous infusions of Remodulin are delivered using an indwelling central venous catheter. This route is associated with the risk of blood stream infections (BSI) and sepsis, which may be fatal. Therefore, continuous subcutaneous infusion is the preferred mode of administration.

Remodulin should be used only by clinicians experienced in the diagnosis and treatment of PAH.

Remodulin is a potent pulmonary and systemic vasodilator. It lowers blood pressure, which may be further lowered by other drugs that also reduce blood pressure.

Remodulin inhibits platelet aggregation and therefore, may increase the risk of bleeding, particularly in patients on anticoagulants.

Remodulin dosage adjustment may be necessary if inhibitors or inducers of CYP2C8 are added or withdrawn.

Initiation of Remodulin must be performed in a setting with adequate personnel and equipment for physiological monitoring and emergency care.

Therapy with Remodulin may be used for prolonged periods, and the patient's ability to administer Remodulin and care for an infusion system should be carefully considered.

Remodulin dosage should be increased for lack of improvement in, or worsening of, symptoms and it should be decreased for excessive pharmacologic effects or for unacceptable infusion site symptoms.

Abrupt withdrawal or sudden large reductions in dosage of Remodulin may result in worsening of PAH symptoms and should be avoided.

Caution should be used in patients with hepatic or renal insufficiency.

The most common side effects of Remodulin included those related to the method of infusion. For subcutaneous infusion, infusion site pain and infusion site reaction (redness and swelling) occurred in the majority of patients. These symptoms were often severe and could lead to treatment with narcotics or discontinuation of Remodulin. For intravenous infusion, line infections, sepsis, arm swelling, tingling sensations, bruising, and pain were most common. General side effects (>5% more than placebo) were diarrhea, jaw pain, vasodilatation and edema.

See accompanying Full Prescribing Information for Remodulin.

For additional information, visit <http://www.remodulin.com>, or call 1-877-864-8437.