

CenterWell Specialty Pharmacy™

Monday – Friday, 8 a.m. – 11 p.m., and  
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

**Pulmonary Arterial Hypertension Prescription Form**

**Patient information**

Patient: \_\_\_\_\_  Female  Male DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Caregiver phone #: \_\_\_\_\_  
 Other medical conditions: \_\_\_\_\_ Allergies:  No  Yes: \_\_\_\_\_  
 Insurance plan: \_\_\_\_\_ Plan ID #: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_ Group #: \_\_\_\_\_  
 \*Please send a copy of the patient's prescription insurance card if available.

**Clinical information**

ICD-10 code: <input type="checkbox"/> I27.0 primary pulmonary hypertension <input type="checkbox"/> I27.2 secondary pulmonary hypertension <input type="checkbox"/> _____	New York Heart Association functional classification: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Six-minute walk distance: _____ meters Is this patient on another therapy for pulmonary hypertension? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," name of drug(s): _____ Attach copies of: <input type="checkbox"/> History and physical <input type="checkbox"/> Right heart catheterization <input type="checkbox"/> Calcium channel blocker statement <input type="checkbox"/> Echocardiogram
--	--

**Prescription information** Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Adcirca (tadalafil)	20 mg tablet	<input type="checkbox"/> Take two tablets once daily <input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Letairis (ambrisentan)	Please complete a copy of the Ambrisentan REMS enrollment/consent form by accessing <a href="http://www.ambrisentanrems.us.com">www.ambrisentanrems.us.com</a> or calling <b>888-417-3172</b> and indicating CenterWell Specialty Pharmacy as your preferred pharmacy provider.			
	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Take one tablet daily <input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Opsumit (macitentan)	Please complete a copy of the patient enrollment and consent form by accessing <a href="http://www.opsumitrems.com">www.opsumitrems.com</a> or calling <b>866-228-3546</b> and indicating CenterWell Specialty Pharmacy as your preferred pharmacy provider.			
<input type="checkbox"/> Revatio (sildenafil)	20 mg tablet	<input type="checkbox"/> Take one tablet three times daily <input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Tracleer (bosentan)	Please complete a copy of the patient enrollment form by accessing <a href="http://www.bosentanremsprogram.com">www.bosentanremsprogram.com</a> or calling <b>866-359-2612</b> and indicating CenterWell Specialty Pharmacy as your preferred pharmacy provider.			
	<input type="checkbox"/> 62.5 mg tablet <input type="checkbox"/> 125 mg tablet <input type="checkbox"/> 32 mg tablet for suspension	<input type="checkbox"/> Take 62.5 mg twice daily for four weeks, and then increase to 125 mg twice daily <input type="checkbox"/> Take one tablet twice daily <input type="checkbox"/> _____	_____	_____

**Prescriber and shipping information (please print)**

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Ship to:  Patient  Office  Other: \_\_\_\_\_  
 Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: \_\_\_\_\_  
 The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.