



45 Earhart Drive, Suite 110, Amherst, NY 14221

# TYVASO AUTHORIZATION AND RE-AUTHORIZATION

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Last Name		First Name		Today's Date		Date Needed	
Parent/Guardian				Prescriber		Hospital/Clinic	
Home Phone Number ( )		Work Phone Number ( )		Phone Number ( )		Fax Number ( )	
Home Address		City	State	Zip	Address		City State Zip
Ship To:		<input type="checkbox"/> Prescriber <input type="checkbox"/> Patient's Home		Office Contact		Prescriber Specialty	
Language Preference		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Contact Preference <input type="checkbox"/> Phone <input type="checkbox"/> Fax			
Known Allergies:				<input type="checkbox"/> Email: _____			
Weight _____ Lbs.	Height _____ Ft _____ In	Date of Birth ____/____/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Special Instructions			

<b>INSURANCE INFORMATION</b>	<b>DRUG NAME: TYVASO</b>
Fill out entirely or fax a copy of patient's insurance card (both sides):	<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-authorization*
<b>Primary Insurance:</b> _____	Dose: _____
Name of Insured: _____	Frequency: _____
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
<b>Secondary Insurance:</b> _____	
Name of Insured: _____	
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
<b>STATEMENT OF MEDICAL NECESSITY</b>	
Primary Diagnosis: _____	
ICD9 Code: _____	
Is patient diagnosed with pulmonary arterial hypertension (defined as a resting mean pulmonary artery pressure (mPAP) of > 25 mmHg, a pulmonary capillary wedge pressure (PCWP) < 15 mmHg, and pulmonary vascular resistance (PVR) > 3 Wood units via right heart catheterization)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Patient has NYHA Class III symptoms (defined as patient with pulmonary hypertension resulting in pronounced limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity causes undue dyspnea or fatigue, chest pain or near syncope).	
<input type="checkbox"/> Request is submitted by, or under the recommendation of, a pulmonologist or cardiologist.	