



45 Earhart Drive, Suite 110, Amherst, NY 14221

VENTAVIS 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 Speciality	
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							

INSURANCE INFORMATION	DRUG NAME: VENTAVIS
Fill out entirely or fax a copy of patient's insurance card (both sides):	<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-authorization*
Primary Insurance: _____	Dose: _____
Name of Insured: _____	Frequency: _____
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
Secondary Insurance: _____	
Name of Insured: _____	
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
STATEMENT OF MEDICAL NECESSITY	
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 or IV 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 or patients with pulmonary hypertension with the inability to carry out any physical activity).	
<input type="checkbox"/> Request is submitted by, or under the recommendation of, a pulmonologist or cardiologist.	