

| Prescriber Information | | | | | | | | |
|------------------------|--|-------|-----------------------------------|----|--------|----|------|------|
| Prescriber Name: | | | | MD | DO | NP | PA | NPI: |
| Office Contact: | | | Practice Name / Collaborating MD: | | | | | |
| Address: | | City: | | | State: | | Zip: | |
| Phone: | | Fax: | | | | | | |

| Patient Information • PLEASE SEND COPY OF INSURANCE CARD | | | | | | | | |
|--|---|-----------------------|-------|----------------|----------|--------------|---------|---------------|
| Patients Name: | | Last 4 Digits of SS#: | | DOB: / / | Sex: M F | Weight: | Height: | Diabetic? Y N |
| Address: | | | City: | | | State: | | Zip: |
| Home Phone: | | Work/Cell: | | HIPAA Contact: | | Emergency #: | | |
| Interpreter Needed? Y N | Allergies: Y N If Yes, list allergies: | | | | | | | |

| Insurance Information | | | | | |
|-----------------------|--|------------|-----------------------|------|------|
| Primary Insurance: | | Policy ID: | Group #: | BIN: | PCN: |
| Policyholder Name: | | | Policyholder DOB: / / | | |

| Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES | | | | | | |
|--|--|----------------|--|--|--------------------------|-----------------------|
| ICD-10/Diagnosis Code: | Primary Pulmonary Hypertension (I27.0) | Idiopathic PAH | Familial PAH | Secondary Pulmonary Arterial Hypertension (I27.21) | Congenital heart disease | Cystic Fibrosis (E84) |
| Connective tissue disorder HIV Other: | | | | | | |
| Prior Treatment? Y N (Provide Information Below) | | | | | | |
| Prior Therapy: | | | Reason for Discontinuation of Therapy: | | Approx. Start Date: / / | |
| | | | | | Approx. End Date: / / | |
| Comorbidities: | | | Concomitant Medications: | | | |

| Prescription Information | | | |
|---|---|--|--|
| Medication | Quantity/Dose | Sig | Refills |
| ADCIRCA® (tadalafil) | 20mg tablet 30 day supply 90 day supply | Take 2 tablets (40mg) by mouth daily Other: | |
| BETHKIS® (tobramycin inhalation solution) | 1 carton (56 ampules) 1 carton (28 ampules) | Inhale the contents of 1 ampule via nebulizer two times a day | |
| BOSENTAN (generic Tracleer®) | 62.5mg tablet | Starter Dose: Take 62.5mg two times a day for 4 weeks | No Refills |
| | 125mg tablet 30 day supply 90 day supply | 62.5mg tablet 30 day supply 90 day supply | Maintenance Dose: Patients >12 years old and >40kg: Take 125mg two times a day Patients > 12 years old and <40kg: Take 62.5mg two times a day Other: |
| ESBRIET® (pirfenidone) | 267mg tablet (14 day supply) | Starter Dose: Take 1 tablet by mouth 3 times a day on days 1-7, then 2 tablets 3 times a day on days 8-14. Begin maintenance dose on day 15. | No Refills |
| | 801mg tablet 30 day supply 90 day supply | Maintenance Dose: Take 1 tablet by mouth 3 times a day Other: | |
| KITABIS® PAK (tobramycin inhalation solution) | 1 carton (56 ampules) | Inhale the contents of 1 ampule via nebulizer two times a day | |

By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

| | | | |
|----------------------|------|----------------------|------|
| Prescriber Signature | Date | Prescriber Signature | Date |
|----------------------|------|----------------------|------|

Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.