

VENTAVIS® (iloprost) Inhalation Solution—VA

SPECIALTY PHARMACY SERVICES ENROLLMENT FORM

All fields must be completed to expedite prescription fulfillment						
Physician information	Name:		DEA # (optional):		NPI #:	
	Name of facility:			MD specialty:		
	Contact name:				Phone #:	
	Address:		Suite:	City:		State: ZIP:
	PCP (if applicable/different from prescribing MD): _____					Phone #: _____ Fax #: _____
Patient information	Name:				DOB:	
	Address:		City:	State:	ZIP:	
	Preferred language (if not English):			Phone #:	Sex: Male Female	
	Caregiver name (if applicable):				Alternate phone #:	
VA pharmacy information	Name of facility:					
	Address:		Suite:	City:	State: ZIP:	
	Contact name:			Contact phone #:	Contact fax #:	
	Purchase order #:					
	Ship to: Patient VA location					
Prescription	Statement of medical necessity					
	DIAGNOSIS:					
	Primary Arterial Pulmonary Hypertension – ICD-9 416.0 Date of Onset ___/___/___		Secondary Arterial Pulmonary Hypertension – ICD-9 416.8 Date of Onset ___/___/___		Other _____ ICD-9 _____ Date of Onset ___/___/___	
	New York Heart Association (NYHA) Functional Classification I II III IV					
	NURSING NEEDS (check all that apply):					
	Start of Care Date ___/___/___		Number of Visits _____	Pre-Hospital/Pre-Home Teaching	In-Hospital Teaching	Nursing Follow-Up
	ORDERS:					
	Start of Care Date ___/___/___		Patient Status	Urgent/Patient in Hospital	Projected Start Date ___/___/___	Hospital Contact _____
	Rx					
	VENTAVIS Equipment I-neb® AAD® Device(s) 2.5 mcg Initial Dose, Then 5.0 mcg Ongoing Frequency _____ Times Per Day (Waking Hours) Dispense _____ Month Supply Ancillary Supplies Provided as Needed for Administration.			Prescriber's Notes Refill: PRN _____ Times In _____ Months Dispense As Written Substitution Allowed		
Prescriber's Signature				Date		

Please provide completed form to the VA pharmacy for review and forwarding to Caremark Specialty Pharmacy.

Caremark Telephone: 1-877-242-2738 Fax: 1-877-943-1000

Please see accompanying full Prescribing Information.