

VENTAVIS® (iloprost) Inhalation Solution 20 mcg/mL MEDICATION ORDER INSTRUCTIONS

TO TRANSITION PATIENTS FROM VENTAVIS 10 mcg/mL TO VENTAVIS 20 mcg/mL:

- **BY PHONE:** Call your patient's specialty pharmacy and change your medication order

Accredo Health Group®
Phone: 1-866-344-4874

CVS/Caremark®
Phone: 1-877-242-2738

- **OR BY FAX:** Fill out the form below and **fax** it to your patient's specialty pharmacy

Accredo Health Group
Fax: 1-800-711-3526

CVS/Caremark
Fax: 1-877-943-1000

PRESCRIPTION

After current home supply is depleted, transition patient from VENTAVIS 10 mcg/mL to VENTAVIS 20 mcg/mL
6 to 9 times per day during waking hours. Dispense 1-month supply.

VENTAVIS 20 mcg/mL

Dosing instructions: _____

Refills (choose one): 0 1 2 3 4 5 6 7 8 9 10 11

Prescriber signature: _____

DEA #: _____ **Date:** _____

PRESCRIBER INFORMATION

Name: _____

Name of facility: _____ MD specialty: _____

Contact name and phone #: _____

Address: _____ City: _____ State: _____ Zip: _____ Fax #: _____

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred language, if not English: _____ Phone #: _____ Alternate phone #: _____

Caregiver name: _____ Relationship: _____

You will be contacted by the specialty pharmacy to confirm receipt of this order.

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