restat
A Dohmen Company

Date _____

PRIOR AUTHORIZATION CRITERIA-Letairis® (ambrisentan) tablets

M.D. Last Name: _____ ***M.D. First Name:*** _____

Physician Phone: _____ ***Physician Fax:*** _____

Patient _____ ***ID#*** _____ ***DOB*** _____

****FAILURE TO COMPLETE THE FORM MAY RESULT IN AN AUTOMATIC DENAIL****

1. Diagnosis:
   - □ Pulmonary arterial hypertension (PAH)
   - □ Other (please specify): _____

2. Was the diagnosis confirmed by right heart catherization? Yes No
   Attach a copy of the right heart catherization report

3. Is the patient a female who is pregnant or planning to become pregnant? Yes No

4. Is the patient a female who is breast feeding? Yes No

5. Does the patient have a known hypersensitivity to ambrisentan or any component of the medication? Yes No

6. Will the patient have liver function and bilirubin tests prior to initiation and regular monitoring throughout therapy? Yes No

7. Indicate World Health Organization (WHO) classification:

   ☐ Group I ☐ Group II ☐ Group III ☐ Group IV ☐ Group V

   7a. Indicate World Health Organization (WHO) functional class symptoms:

   ☐ Class I ☐ Class II ☐ Class III ☐ Class IV

8. Mean pulmonary artery pressure (mPAP) at rest: _____mmHg

9. Dose requested: _____

10. Will Letairis® be used in combination with other medications used for PAH? Yes No

    a. If Yes, specify drug(s) and provide the clinical rationale for the addition of Letairis® _____

    _____

    b. If No, proceed to Question #11

11. Is the prescribing physician a Cardiologist or Pulmonologist? Yes No

12. Is the prescriber enrolled with LEAP (Letairis Education and Access Program)? Yes No

13. Physician Signature or name of person providing answers _____

This medication is available only through a special restricted distribution program called LEAP, please provide the patient's phone number for proper enrollment.

Patient's phone number: _____

Physician Comments _____

Send or Fax completed form to:
877-329-7279

Restat
11900 W. Lake Park Dr.
Milwaukee. WI 53224

www.restat.com

QUESTIONS PLEASE CALL:
877-526-9906

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