

### **HOW TO GET STARTED**

Follow these 3 steps to complete the Referral Form.

- 1. Obtain all the necessary documentation from your patient to fill out the Patient Information (**A and B**), and have your patient sign (**C**).
  - Let your patient know that an Access Solutions and Support Team (ASSIST) representative will be calling to verify insurance coverage or to obtain additional information. It is very important he or she answers or returns the call in a timely manner, or the approval process could be delayed
  - Obtain a copy of the patient's insurance cards (front and back) to submit with the Referral Form
- 2. Complete and sign the following forms:
  - Prescriber Information (D)
  - Medical Information/Patient Evaluation/Supporting Documentation (E)
  - Prescription Information (**F**)
  - Prescriber Signature (G)

Use the Fax Cover Sheet included in this PDF to fax the completed Referral Form and any relevant clinical documents to ASSIST. Include any comments in the section provided on the Cover Sheet.

### **SUPPORT FOR YOU AND YOUR PATIENTS**

#### **United Therapeutics Support**

ASSIST is a centralized referral service that helps simplify the referral process by providing support until your patients receive their first shipment of medication.



#### ASSIST will

3.

- Review Referral Forms and work with your patients to help determine the best coverage for their medication
- Reach out to your patients directly and screen for financial program eligibility\*
- Refer to the Specialty Pharmacy Service best suited to provide medication to each patient based on insurance coverage
- Facilitate processing of patients' referrals and keep you informed of the progress

If you or your patients have any questions about completing the Referral Forms, financial assistance options, or program eligibility, please contact ASSIST at 1-877-864-8437.

\*Patients must meet certain eligibility criteria to qualify for financial assistance.

#### **Specialty Pharmacy Services (SPS)**

SPS providers are available to answer questions from your patients or your practice regarding treatment with Orenitram. SPS nurses provide in-home medication education for patients new to therapy, as well as ongoing support throughout their treatment.

SPS providers will also work with your patient's insurance company and your office to obtain any necessary Prior Authorization. Once the insurance company approves, the SPS will be contacting your patient to review his or her financial responsibility and apply any financial assistance programs offered by United Therapeutics for which the patient qualified.

Think of SPS as a resource to help your patients get the information and support they need to understand the treatment process and manage their condition.

Orenitram is a prostacyclin vasodilator indicated for treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity.



## **Orenitram**<sup>®</sup> (treprostinil) Extended-Release Tablets Referral Form

Please complete, sign, and fax Steps 1 and 2 to ASSIST using the accompanying Fax Cover Sheet.



#### **STEP 1** - PATIENT INFORMATION AND AUTHORIZATION

A PATIENT INFORMATION			
Name: First	Middle	Last	
Date of Birth	Gender	Last 4 digits of SSN	
Home Address			
City	State	Zip	
Shipping Address	(if not home address)		
City	State	Zip	
Telephone	Alternate Telephone	Best Time to Call	
E-mail Address			
Caregiver/Family Member	Telephone	Alternate Telephone	
<b>B</b> INSURANCE INFORMATION			
Pharmacy Benefits Manager:			
Subscriber ID #	Group #	Telephone #	
Primary Medical Insurance:		Policy Holder/Relationship	

Subscriber ID #	Group #	Telephone #
Secondary Medical Insurance:		Policy Holder/Relationship
Subscriber ID #	Group #	Telephone #

#### Please include copies of the front and back of the Patient's Insurance Card(s).

#### C PATIENT AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize the use and/or disclosure of my private health information, described below, which may include "Protected Health Information" or "PHI" as defined by the Health Insurance Portability and Accountability Act of 1996 (as amended, "HIPAA"). In general terms, I understand that Protected Health Information is health information that identifies me or that could reasonably be used to identify me. I understand that this authorization is voluntary.

I authorize my health care providers, including my pharmacies and health plan(s), to disclose information about me as described below to the United Therapeutics Corporation/Lung Biotechnology Inc. Access Solutions and Support Team (ASSIST), its authorized Program Administrator, and its Financial Assistance Partners (collectively, "United Therapeutics") for the purposes stated below.

This information may include

- · Information about my health benefits, health insurance coverage or other third-party payers
- Relevant information about my medical condition and history
- Financial information about me
- Contact information, such as my physical and e-mail address and telephone number
- · Information about my circumstances, such as my marital, veteran, employment, disability and citizenship status
- Identifying information, such as my name, birth date and social security number

This information may be disclosed to United Therapeutics in order for it to (1) contact me to discuss its various available services; (2) determine my initial and continuing eligibility for the assistance program(s); (3) administer the assistance program(s); (4) identify sources of payment for the provision of medications to me; (5) help me find education and therapy support services; (6) review the success of the services and look at whether patients are happy with them; (7) comply with law; and (8) conduct limited commercial and sales activities.

I understand that once my health care providers, including my pharmacies and health plan(s), share information about me to United Therapeutics, the information is no longer protected by federal health privacy laws and may be given out (re-disclosed) to others by United Therapeutics if permitted by laws that apply to United Therapeutics. I know that I may refuse to sign this authorization, and that this refusal will not affect my treatment, payment for treatment, enrollment in a health plan or eligibility for benefits. However, if I do not sign it, I may not be eligible to receive the education and therapy patient support services provided by United Therapeutics.

This authorization will expire ten (10) years after the date it is signed unless a shorter period is mandated by State Law or I revoke or cancel (i.e., take back) my authorization before then. I understand that I may cancel this authorization at any time by fax at 1-800-380-5294 or by writing to United Therapeutics Corporation/Lung Biotechnology Inc., ASSIST, 1130 S. Harbor City Blvd., Suite 103, Melbourne, Florida 32901 but that the cancellation will not apply to information that my health care providers, including my pharmacies and health plan(s), have already given out based on this authorization and before they learn about my cancellation. I understand I am entitled to receive a copy of this authorization once signed.

I understand that certain of my health care providers, such as my pharmacy, may receive compensation in connection with their disclosure of my information to United Therapeutics for the purposes I allow through this authorization.

I have read this authorization and/or had its contents read to me. I have had an opportunity to ask questions about the uses and disclosures of PHI described above, and all of my questions have been answered to my satisfaction.

Patient Name (Print)	_ Patient Signature	Date
If the patient cannot sign, Patient's Representative must sign here. Patient Represe	ntative Signature	_Date
Describe relationship to patient and authority to sign this form for patient:		

Please Note: United Therapeutics cannot guarantee payment for United Therapeutics products and directs patients to discuss treatment options with their healthcare provider.



Please see the complete Important Safety Information on page 6 and click links for the <u>Full Prescribing Information</u> and <u>Patient Information for Orenitram</u>. US/ORE/MAY16/199

## **Orenitram**<sup>®</sup> (treprostinil) Extended-Release Tablets Referral Form

Please complete, sign, and fax Steps 1 and 2 to ASSIST using the accompanying Fax Cover Sheet.



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Prescriber: First       Last         VPI #       State License #         Group NPI # (f applicable)         Midress						
Prescriber: First       Last         NPI #       State License #         Facility Name       Group NPI # (if applicable)         Address		1	STEP 2 - PRESC	RIBER, MEDICAL AND P	RESCRIPTION INFORMATION	
NPI //       State License //         Facility Name       Group NPI // (if applicable)         Address	D PRESCRIB	ER INFORMATION				
Facility Name       Group NPI # (fl applicable)         Address       Zip         City       State       Zip         Office Contact Name       Fax         Telephone       Fax         Email Address       Preferred Method of Communication         Email Address       Outpatient       Inpatient         Mode Network       Restart       Circent Specially Pharmacy         Abave/Network       Restart       Outpatient       Inpatient         HO Group       NYHA Functional Class       Current Specially Pharmacy       Outpatient       Inpatient       Ves       No         Hogorup       NYHA Functional Class       IN       W       Weight       Kight       Outpatient       Diabetic       Ves       No         Hogorup       NYHA Functional Class       IN       W       Weight       Mode Specific Specific Pharmacy       Diabetic       Ves       No         Hogorup       NO       Inpatient Specific Pharmacy       Diabetic Class       No       Inpatient Specific Pharmacy       Deres       Deres       Deres			Last			
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Address         City       State       Zip         Office Contact Name       Telephone       Fax         Telephone       Fax       Fax         E-mail Address       Preferred Method of Communication       Fax         E-mail Address       Preferred Method of Communication       Fax         E-mail Address       Preferred Method of Communication       Fax         Patient UT PAH Product Therapy Status for the requested drug       Current Specialty Pharmacy       Patient Status       Allergies         No WYHA Functional Class       Wright       Lippid Telephone       Patient Status       Allergies       No         WHO Group       1       III       Will       Weight       kg/lb       Height       Diabetic       Yes       No         Jagnosis - The following ICD VI Codes do not suggest approval, coverage or reimbursement for specific users or indications       Connective Tissue Disease       Congenital Heart Disease       Portal Hypertension       Other ICD-10         Diabetic PAH       Heinblack BMH       Drugs/Towins Induced       HV       Other       Other ICD-10         Consective Tissue Disease       Congenital Heart Disease       Portal Hypertension       EtcD-10       Disease         Or Cli 10270 Dimms (MCC 66302-300-01)       0.25 mg (NDC 66302-302-01)       1 m	Facility Name		Group N	PI # (if applicable)		
Office Contact Name         Telephone       Fax         E-mail Address       Preferred Method of Communication         Patient Status       Performed Method of Communication         Patient UT PAH Product Therapy Status for the requested drug       Current Specialty Pharmacy       Patient Status       Allergies         Naive/New       Restart       I Transition       Accredo       Outpatient       Inpatient       I Performance         WHO Group       NYHA Functional Class       III       IV       Weight       Value New       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 code do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 code do not suggest approval, coverage or reimbursement diseases: pulmonary attental bypertension<	,			( ) FF · · · · /		
Office Contact Name         Telephone       Fax         E-mail Address       Preferred Method of Communication         Patient Status       Performed Method of Communication         Patient UT PAH Product Therapy Status for the requested drug       Current Specialty Pharmacy       Patient Status       Allergies         Naive/New       Restart       I Transition       Accredo       Outpatient       Inpatient       I Performance         WHO Group       NYHA Functional Class       III       IV       Weight       Value New       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 codes do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 code do not suggest approval, coverage or reimbursement for specific uses or indications       CD-10       Diabetic       Yes       No         Diaponsis - The following ICD-90 code do not suggest approval, coverage or reimbursement diseases: pulmonary attental bypertension<	City		State		Zip	
Telephone       Fax         E-mail Address       Prefered Method of Communication         Patient UPAH Product Therapy Status for the requested drug       Current Specially Pharmacy       Patient Status       Allergies         Naive/New       Restart       Transition       Accredo       CVS Caremark       Outpatient       Inpatient       Yes       No         VHO Group       NHA Functional Class       Weight       kg/lb       Height       Diabetic       Yes       No         Diagnosis - The following ICD-10 codes do not suggest approval, coverage or reimbursement for specific uses or indications:       CCD-10220 Pinnumy plumomary hypertension       CCD-1010272 Other choinic pulmosary heat diseases: plumonary arterial hypertension       Other ICD-10         Connective Tissue Disease       Compential Heart Disease       Portal Hypertension       Other ICD-10         PRESCRIPTION INFORMATION (the prescription is only valid if received by fax)       Other       Other ICD-10         Orenitam® (treprostinis Extended-Release Tablets       Strencettres:       and protein Heart Disease       Portal Hypertension         or       1D       mg Titrate by       mg every       days until goal of       mg BiD is achieved         or       1D       mg Titrate by       mg every       days until goal of       mg BiD is achieved         PRESCRIPTION Stace for S		me			-'r	
E-mail Address       Preferred Method of Communication         E       MEDICAL INFORMATION / PATIENT EVALUATION / SUPPORTING DOCUMENTATION         Patient ID PAH Product Therapy Status for the requested drug       Current Specialty Pharmacy       Patient Status       Allergies         Naive/New       Restart       Ironsition       Accredo       CVS Caremark       Outpatient       Inpatient       Yes       No       If yes         WHO Group       N1+4 Functional Class       Outpatient of the requested drug       Current Specialty Pharmacy       Outpatient       Inpatient       Yes       No       If yes         UHO Group       N1+4 Functional Class       Ironsition       Restart       CVS Caremark       Diabatics       Yes       No       If yes       No         UHO Group       N1+4 Functional Class       Ironsition coverage or reimbursement for specific uses or indications       Control Not the representation of the representation on the representing information.					Fax	
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Naive/New       Restart       Transition       Accredo       CVS Caremark       Outpatient       Inpatient       Yes       No       If yes						Allergies
Image:						
Diagnosis - The following ICD-10 codes do not suggest approval, coverage or reimbursement for specific uses or indications	VHO Group			Uninet 1 //		
CD:10 1272 Other chronic pulmonary heart diseases: pulmonary arterial hypertension, secondary       Other (CD-10         I diopathic PAH       I Heritable PAH       Connective Tissue Disease       Portal Hypertension         PRESCRIPTION INFORMATION (the prescription is only valid if received by fax)       Other	Diagnosis - The follow					Diadetic 📋 Yes 🛄 No
Idiopatitic PAH       Heritable PAH       Connective Tissue Disease       Congenital Heart Disease       Portal Hypertension         PRESCRIPTION INFORMATION (the prescription is only valid if received by fax)       Other	-			-		Other ICD-10
PRESCRIPTION INFORMATION (the prescription is only valid if received by fax)         Orenitram® (treprostinil) Extended-Release Tablets         STRENGTHS:         0.125 mg (NDC 66302-300-01)       0.25 mg (NDC 66302-302-01)         DOSAGE:         0       mg Titrate by         mg Titrate by       mg every         days until goal of       mg BID is achieved         or       TID         mg Titrate by       mg every         days until goal of       mg TID is achieved         PRESCRIBER TO SPECIFY ANY ALTERNATIVE OR ADDITIONAL DOSING AND TITRATION INSTRUCTIONS HERE (above fields may be left blank if preferred).         DIRECTIONS: Take tablets by mouth with food         DISPENSE: Quantity sufficient for up to maximum allowable dose for One (1) month's supply Refills       12 Months OR Refills       Time         For Orenitram dosing and titration information, please see the Dosage and Administration section of the Prescribing Information.       Specialty Pharmacy to contact Prescriber for adjustments to written orders specified above.         NURSE VISITS: RN visit(s) to provide education on self-administration of Orenitram to include dose, titration, and side effect management strategies as per prescriber order.         Location:       Home       Outpatient clinic	Idiopathic PAH	Heritable PAH			art Disease Portal Hypertension	
Orenitram® (treprostinil) Extended-Release Tablets         STRENGTHS: <ul> <li>O125 mg (NDC 66302-300-01)</li> <li>O.25 mg (NDC 66302-302-01)</li> <li>I mg (NDC 66302-310-01)</li> <li>2.5 mg (NDC 66302-325-01)</li> </ul> DOSAGE:       mg Titrate bymg everydays until goal ofmg BID is achieved         or       TIDmg Titrate bymg everydays until goal ofmg TID is achieved         PRESCRIBER TO SPECIFY ANY ALTERNATIVE OR ADDITIONAL DOSING AND TITRATION INSTRUCTIONS HERE (above fields may be left blank if preferred).         DIRECTIONS: Take tablets by mouth with food         DISPENSE: Quantity sufficient for up to maximum allowable dose for One (1) month's supply Refills12 Months OR RefillsTime         For Orenitram dosing and titration information, please see the Dosage and Administration section of the Prescribing Information.         Specialty Pharmacy to contact Prescriber for adjustments to written orders specified above.         NURSE VISITS: RN visit(s) to provide education on self-administration of Orenitram to include dose, titration, and side effect management strategies as per prescriber order.         Location:       Home       Hospital       Outpatient clinic			Drugs/Toxins Indu	ced HIV	Other	
PRESCRIBER TO SPECIFY ANY ALTERNATIVE OR ADDITIONAL DOSING AND TITRATION INSTRUCTIONS HERE (above fields may be left blank if preferred).  DIRECTIONS: Take tablets by mouth with food DISPENSE: Quantity sufficient for up to maximum allowable dose for One (1) month's supply Refills12 Months OR RefillsTime For Orenitram dosing and titration information, please see the Dosage and Administration section of the Prescribing Information. Specialty Pharmacy to contact Prescriber for adjustments to written orders specified above. NURSE VISITS: RN visit(s) to provide education on self-administration of Orenitram to include dose, titration, and side effect management strategies as per prescriber order. Location: Home Hospital Outpatient clinic	Orenitram® (trepro STRENGTHS:	ostinil) Extended-Release Tablet	ts			66302-325-01)
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The prescripter is to comply with his/her state specific prescription requirements such as e-prescription, state specific prescription round, lak iditudde, etc.	Orenitram® (trepro STRENGTHS: DOSAGE: 0r 111 PRESCRIBER TO S DIRECTIONS: Take DISPENSE: Quantii For Orenitram dosi Specialty Pharma: NURSE VISITS: RN	Destinil) Extended-Release Tablet         G mg (NDC 66302-300-01)         Dmg Titrate by         Dmg Titrate by         Dmg Titrate by         PECIFY ANY ALTERNATIVE OF         e tablets by mouth with food         ty sufficient for up to maximum         ng and titration information, ple         cy to contact Prescriber for ad         visit(s) to provide education or	allowable dose for One ease see the Dosage an useff-administration of C	22-302-01)  1 mg (NDC verydays unti verydays unti <b>5 AND TITRATION INSTRUCTI</b> e (1) month's supply Refills rd Administration section of the <b>brders specified above.</b>	66302-310-01)  2.5 mg (NDC goal ofmg BID is ac goal ofmg TID is ac ONS HERE (above fields may be lef12 Months OR Refills e Prescribing Information.	hieved hieved <b>t blank if preferred).</b>
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I certify that the medication ordered above is medically necessary and that I am personally supervising the care of this patient. I authorize United Therapeutics ASSIST to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the Patient utilizing their benefit plan.	Orenitram® (trepro STRENGTHS: DOSAGE: 0 125 DOSAGE: 0 TIL PRESCRIBER TO S DIRECTIONS: Take DISPENSE: Quanti For Orenitram dosi Specialty Pharma NURSE VISITS: RN Location: Ho The prescriber is t Non-compliance v	Destinil) Extended-Release Tablet is mg (NDC 66302-300-01) [ Dmg Titrate by Dmg Titrate by PECIFY ANY ALTERNATIVE OF PECIFY ANY ALTERNATIVE	allowable dose for One ease see the Dosage an ijustments to written of outpatient clinic pecific prescription req ts could result in outre iPTION AND STATE medically necessary a f transmitting this pres TE PRESCRIPTIONS.	22-302-01)       1 mg (NDC         rery      days until         rery      days until         rery      days until         SAND TITRATION INSTRUCTION       INSTRUCTION         a (1) month's supply Refills       Refills         a (2) month's supply Refills       Refills         a (2) month's supply Refills       Refills         a (3) month's supply Refills       Refills         a	66302-310-01)  2.5 mg (NDC goal ofmg BID is ac goal ofmg TID is ac ONS HERE (above fields may be lef12 Months OR Refills a Prescribing Information. ation, and side effect management st bing, state specific prescription for ESSITY ervising the care of this patient. I a pharmacy designated by the Patie	hieved hieved t blank if preferred).  Time Time Tategies as per prescriber order. m, fax language, etc. Bauthorize United Therapeutics ASSIST ent utilizing their benefit plan. Date

Please see the complete Important Safety Information on page 6 and click links for the <u>Full Prescribing Information</u> and <u>Patient Information</u> for Orenitram. US/ORE/MAY16/199



## **Orenitram**<sup>®</sup> (treprostinil) Extended-Release Tablets Referral Form



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Please complete, sign, and fax Steps 1 and 2 to ASSIST using the accompanying Fax Cover Sheet.

#### PATIENT NAME: \_

DATE OF BIRTH:

### **OPTIONAL: SIDE EFFECT MANAGEMENT STRATEGIES**

By providing your side effect management strategies below, SPS will be able to follow up with the patient regarding your directions for managing side effects. If dose increments are not tolerated, consider titrating slower. Be sure to include directions to SPS for dosing in section F of this form.
NOTE THAT ANY INFORMATION PROVIDED BELOW IS NOT A PRESCRIPTION. RATHER, IF ADDITIONAL PRESCRIPTIONS ARE INTENDED, THEY SHOULD BE PROVIDED TO THE PATIENT SEPARATELY.
Headache
🗋 Acetaminophen 📋 Gabapentin (separate Rx required) 📄 NSAIDs (separate Rx may be required) 📄 Opioids (separate Rx required) 📄 Tramadol (separate Rx required)
Other
Diarrhea         Add fiber to diet       Loperamide       Diphenoxylate/Atropine (separate Rx required)       Dicyclomine (separate Rx required)         Other
Nausea
Metoclopramide (separate Rx required) Ondansetron (separate Rx required) PPIs (separate Rx may be required) Prochlorperazine (separate Rx required)
Promethazine (separate Rx required)
□ Other

#### **ADDITIONAL INSTRUCTIONS**

Provide any additional instructions for SPS on preferred communication or managing other side effects (eg, flushing, pain in jaw, pain in extremity, hypokalemia, abdominal discomfort).



Please complete, sign, and fax Steps 1 and 2 to ASSIST using this Fax Cover Sheet.



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Date:	
ю:	Fax Number 1-800-380-5294 Phone Number 1-877-864-8437
rom:	
acility N	ame:
Fax:	
	in this fax: eted UT PAH Therapy Referral Form including
	Step 1 - Patient Information and Authorization
	Step 2 - Prescriber, Medical, and Prescription Information
	Copy of Insurance Card(s)
	OPTIONAL: Side Effect Management Strategies
Number o	of Pages:
Commen	ts:



## **ORENITRAM®** (treprostinil) Extended-Release Tablets

### INDICATION

Orenitram is a prostacyclin vasodilator indicated for treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity.

The study that established effectiveness included predominately patients with WHO functional class II-III symptoms and etiologies of idiopathic or heritable PAH (75%) or PAH associated with connective tissue disease (19%). When used as the sole vasodilator, the effect of Orenitram on exercise is about 10% of the deficit, and the effect, if any, on a background of another vasodilator is probably less than this.

## IMPORTANT SAFETY INFORMATION FOR ORENITRAM

### CONTRAINDICATIONS

• Orenitram is contraindicated in patients with severe hepatic impairment (Child Pugh Class C)

#### WARNINGS AND PRECAUTIONS

- Abrupt discontinuation or sudden large reductions in dosage of Orenitram may result in worsening of PAH symptoms
- · Orenitram inhibits platelet aggregation and increases the risk of bleeding
- The Orenitram tablet shell does not dissolve. In patients with diverticulosis, Orenitram tablets can lodge in a diverticulum

#### DRUG INTERACTIONS / SPECIFIC POPULATIONS

- Concomitant administration of Orenitram with diuretics, antihypertensive agents, or other vasodilators increases the risk of symptomatic hypotension
- Orenitram inhibits platelet aggregation; there is an increased risk of bleeding, particularly among patients receiving anticoagulants
- Co-administration of Orenitram and the CYP2C8 enzyme inhibitor gemfibrozil increases exposure to treprostinil; therefore, Orenitram dosage reduction may be necessary in these patients
- Pregnancy Category C. Animal reproductive studies with Orenitram have shown an adverse effect on the fetus. There are no adequate and well-controlled studies in humans
- It is not known whether treprostinil is excreted in human milk or absorbed systemically after ingestion. Because many drugs are excreted in human milk, choose Orenitram or breastfeeding
- · Safety and effectiveness in patients under 18 years of age have not been established
- There is a marked increase in the systemic exposure to treprostinil in hepatically impaired patients

#### ADVERSE REACTIONS

• In the 12-week placebo-controlled monotherapy study, adverse reactions that occurred at rates at least 5% higher on Orenitram than on placebo included headache, diarrhea, nausea, flushing, pain in jaw, pain in extremity, hypokalemia, and abdominal discomfort

OREISIhcpJAN16

#### Please see the **Full Prescribing Information** and **Patient Information** for Orenitram.

# For additional information about Orenitram, visit <u>www.orenitram.com</u> or call 1-877-UNITHER (1-877-864-8437).