

United Therapeutics TYVASO® (treprostinil) and TYVASO DPI® (treprostinil) VA Referral Form



Prescriber: Please forward this completed form to the VA Pharmacy. The VA Pharmacy will fax the completed form to Accredro at Fax: 1-800-711-3526, Phone: 1-866-344-4874 or CVS Specialty at Fax: 1-877-943-1000, Phone: 1-877-242-2738.

STEP 1 PATIENT INFORMATION

Name: First			Middle			Last		
Date of Birth			Sex			Preferred Language		
Home Address								
City			State			Zip		
Shipping Address (if different from home address)								
City			State			Zip		
Telephone	Home	Cell	Work	Alternate Telephone	Home	Cell	Work	Best Time to Call
								Morning Afternoon Evening Anytime
E-mail Address								
Caregiver/Family Member			Caregiver Telephone			Home	Cell	Work
						Caregiver Alternate Telephone		
						Home	Cell	Work
Caregiver E-mail Address				Caregiver Alternate E-mail Address				

STEP 2 VA PHARMACY INFORMATION

Name of VA Facility									
Address			Suite		City		State		Zip
Primary Purchasing Contact Name			Telephone			Fax		E-mail	
Primary Clinical Contact Name			Telephone			Fax		E-mail	
Secondary Purchasing Contact Name			Telephone			Fax		E-mail	
Secondary Clinical Contact Name			Telephone			Fax		E-mail	
Payment Method				Purchase Order #				Ship to	
Credit Card (call pharmacy contact) E-invoice Tungsten Network								Patient VA Location	

STEP 3 PRESCRIBER INFORMATION

Prescriber: First			Last		
NPI#			State License #		
Facility Name			MD Specialty		
Address					
City		State		Zip	
Office Contact Name			Telephone		Fax
E-mail Address				Preferred Method of Communication	
				Phone E-mail Mail Fax	
PCP (if different from prescribing MD)			PCP Phone		

