

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	Gender	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	

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Patient Name: _____ Date of Birth: _____


STEP 5 PAH - USE THIS SECTION FOR PAH

Patient Product Therapy Status for the Requested Drug: Naïve/New Restart Transition				Current Specialty Pharmacy: Accredo Health Group, Inc. CVS Specialty		Patient Status: Outpatient Inpatient		WHO Group: _____
NYHA Functional Class: I II III IV				Weight: _____ kg lb Height: _____ft____in		Diabetic: Yes No		Allergies: Drug Allergies Non-Drug Allergies No Known Allergies



TYVASO (treprostinil) 1.74mg/2.9ml ampule (0.6mg/ml) Inhalation Solution
Target dose: 9 breaths (54 mcg) to 12 breaths (72 mcg), 4 times daily - Start with 3 breaths (18 mcg) 4 times daily (if 3 breaths are not tolerated, use 1 to 2 breaths). Increase by an additional 3 breaths per week, if tolerated, until the target dose of 9 breaths (54 mcg) to 12 breaths (72 mcg), 4 times daily.
 TYVASO Inhalation System Starter Kit (28-day supply) 0 refills
 TYVASO Inhalation System Refill Kit (28-day supply) X _____ refills
 The medication cost does not include the nebulizer device and supplies. Those are provided at an additional charge.
Prescriber may specify any alternative or additional dosing and titration instructions here:

OR



TYVASO DPI (treprostinil) Inhalation Powder
Target dose: 48 mcg or 64 mcg or Other _____ mcg per treatment session, 4 times daily (Check One)
 Start with one 16-mcg cartridge per treatment session, 4 times daily. Increase cartridge strength by 16 mcg per treatment session every week to selected target dose. Titration schedule may vary based on tolerability. If the prescribed dose is higher than 64 mcg per treatment session, more than 1 cartridge will be needed per session.
TYVASO DPI Titration Kit (28-day supply) Choose one for titration phase.
 16 mcg (112 ct), 32 mcg (112 ct), and 48 mcg (28 ct) 1 refill
TYVASO DPI Maintenance Kit (28-day supply) X _____ refills
Inhale one breath per cartridge, 4 times daily. Please check the box of the maintenance kit for the desired target dose.
 16 mcg (112 ct) 32 mcg (112 ct) 48 mcg (112 ct) 64 mcg (112 ct)
Prescriber may specify any alternative or additional dosing and titration instructions here. If the prescribed dose is higher than 64 mcg per treatment session, more than 1 cartridge will be needed per session:

Specialty Pharmacy to contact prescribing practitioner for adjustments to the written orders specified above.

Dose Comparison

TYVASO Nebulizer # of Breaths	TYVASO DPI Cartridge Strength
≤5	16 mcg
6 to 7	32 mcg
8 to 10	48 mcg
11 to 12	64 mcg

NURSING ORDERS

Please check this box if you would like your patient to receive nurse-supported* patient education for Tyvaso and/or Tyvaso DPI administration. Nurse support* is available to patients who are learning to administer their Tyvaso therapy.

Note: Order for this drug is not inclusive of skilled nursing home health services. To request skilled nursing services for home inhalation therapy, the referring VA provider should enter a COMMUNITY CARE-GEC SKILLED HOME CARE consult. The VA facility community care office will coordinate the requested service through CCN (Community Care Network) or VCA (Veteran Care Agreement) as appropriate.

*Nurse support is limited to education for patients and their United Therapeutics therapy, its administration, and/or their disease. It is intended to supplement a patient's understanding of their therapy, and is not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, directly provide case management services, or serve as a reason to prescribe. Program rules and limitations will apply.

STEP 5 PRESCRIBER SIGNATURE: PRESCRIPTION AND STATEMENT OF MEDICAL NECESSITY

SIGN HERE → I certify that the pulmonary arterial hypertension therapy ordered above is medically necessary and that I am personally supervising the care of this patient. **PHYSICIAN'S SIGNATURE REQUIRED TO VALIDATE PRESCRIPTIONS.**

Physician's Signature: _____ Dispense as Written Substitution Allowed Date: _____

DAW → State-Specific Dispense as Written (DAW) Selection Verbiage: _____

(Physician attests this is his/her legal signature. NO STAMPS.) PRESCRIPTIONS MUST BE FAXED.
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