

# VA Prescription Form



1. Forward this completed form to the VA Pharmacy
2. The VA Pharmacy will fax completed form to Verona Pathway Plus™ at 833-392-8999
3. CVS Specialty Pharmacy will be the dispensing pharmacy. Phone: 800-238-7828 UEID: MMKYFJ5QGKM7

## Section 1 - Patient Information (required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last Four SSN: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

ICD-10-CM diagnosis codes. Necessary Durable Medical Equipment (DME)

- E0570 - Standard Jet Compressor
- A7005 - Administration Set (Refill 2)

Check here for delivery directly to patient's shipping address listed above. If information is incomplete, the prescription will be shipped to the VA pharmacy listed below.

## Section 2 - VA Pharmacy Information (required)

VA Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Clinical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Clinical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method:  Credit card (call pharmacy contact)  E-Invoice Tungsten Network  Purchase Order #: \_\_\_\_\_

Primary Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 3 - Prescriber Information (required)

Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Email: \_\_\_\_\_

## Section 4 - Prescription (required)

### Ohtuvayre Prescription

**Rx:** Ohtuvayre (ensifentrine) inhalation suspension: 3 mg ensifentrine per 2.5 mL aqueous suspension in unit-dose ampule. Oral inhalation use only.

**Directions:**  3 mg (one unit-dose ampule) twice daily, once in the morning and once in the evening, administered by oral inhalation using a standard jet nebulizer with a mouthpiece.  
 Other: \_\_\_\_\_

**Quantity:**  60 ampules (per box); 30-day supply \_\_\_\_\_ refills  Other: \_\_\_\_\_ ampules; 30-day supply \_\_\_\_\_ refills

**Standard Jet Nebulizer Prescription** Refills are good for 12 months, unless otherwise noted **Refill:** \_\_\_\_\_

- Standard Jet Nebulizer and Administration Set
  - E0570 - Compressor
  - A7005 - Administration Set (One every 6 months)
- Administration Set ONLY
  - A7005 - Administration Set (One every 6 months)

The medication cost does not include the nebulizer and administration set. Those are provided at an additional charge.

## Section 5 - Prescriber Certification and Signature (required):

I authorize the VA Pharmacy to act on my behalf for the purpose of transmitting this prescription to Verona Pathway Plus and CVS Specialty Pharmacy for the purpose of processing and dispensing this prescribed medication for my patient.

Prescriber Signature: \_\_\_\_\_  Dispense As Written Date: \_\_\_\_\_

