TYVASO® Treatment Tracker

Stay in step with your treatments

BREATHE IN

Here's a simple method for staying on top of your treatments

Whether you're just beginning your journey with TYVASO or have been taking it for a while, recording your treatment schedule can help you stay on track.

Think of this booklet as a journal for tracking doses and capturing notes. Be sure to bring it with you to medical appointments. Your doctor may want to review it with you, and you can share any questions you might have.

TYVASO® (treprostinil) INHALATION SOLUTION

DAILY DOSING ROUTINE

Take TYVASO 4x daily

It is important to take TYVASO as prescribed by your doctor. If a scheduled treatment session is missed or interrupted, therapy should be resumed as soon as possible at the usual dose. Since the device is cordless, you can use it at home or on the go.

A simple way to remember: count to 4 and add 1 more

- **1** Set up device **1x each morning**
- **2-3** Each treatment session takes about **2 to 3 minutes**
- **4** Take TYVASO **4x daily** during waking hours
- **+1** Clean device **1x each night**

TYVASO fits into your daily routine

It is important that you take TYVASO 4x daily in order to get the full benefit of the medicine. Treatment sessions should be approximately every 4 waking hours and can be adjusted for planned activities. Working the doses into your routine can help you get used to your treatment schedule.

Waking **Lunch** **Dinner** **Bedtime**

UNDERSTANDING TITRATION

Reaching your optimal dose

If you are just starting treatment with TYVASO, your doctor will work with you to increase the number of breaths per treatment session until you reach your optimal dose, a process called "titration." It's important that you reach your optimal dose so that you can get the full benefit of the medicine.

IMPORTANT THINGS TO REMEMBER

- As you increase your breaths each week, you may experience side effects
- Talk to your nurse or doctor to help you manage side effects so that you can reach the optimal dose
- DO NOT STOP taking TYVASO without talking to your healthcare provider
- There's no set maximum dose of TYVASO. Your doctor will adjust your dose to find the amount that works best for you

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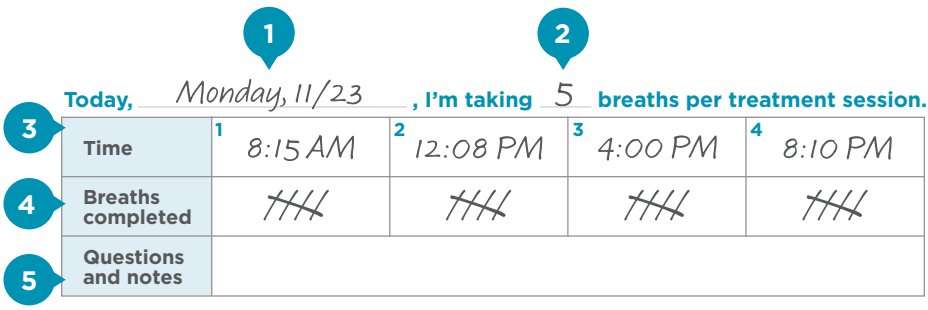
HOW TO USE YOUR TRACKER

Use the tracker to record the day, time, and number of breaths you take for each treatment session. You may find it helpful to keep track with tally marks as you go along. Remember, your doctor will work with you to increase the number of breaths per session until you reach your optimal dose.

Example Tracker



1. Note the day of the week and calendar date
2. Write down the prescribed number of breaths per treatment session as instructed by your doctor
3. Record the times of your treatment sessions, which should be about 4 hours apart and can be adjusted for planned activities
4. Keep track of the number of breaths you complete
5. Capture any thoughts or questions you'd like to remember to share with your doctor

You can find space for additional notes at the end of this booklet.

WEEK 1

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

WEEK 2

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

WEEK 3

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

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Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

WEEK 4

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

WEEK 5

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

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Time	1	2	3	4
Breaths completed				
Questions and notes				

Today, _____ , I'm taking ____ breaths per treatment session.

Time	1	2	3	4
Breaths completed				
Questions and notes				

Notes

Notes

YOU MAY HAVE SIDE EFFECTS...

Don’t let side effects stop you from getting the full benefit of your medicine.

It is important to take TYVASO as prescribed by your doctor. Talk to your healthcare provider and continue taking TYVASO unless told to stop. Be sure to contact your healthcare team about things you can do to help manage side effects while continuing treatment, such as:

Cough/Throat Irritation

- Review proper technique for using your prescribed device
- Before treatment, drink very cold or very warm water
- If needed, use a throat spray to numb your throat before treatment

Headache

- Use an over-the-counter pain reliever, like acetaminophen

Talk to your healthcare provider to see if slowing the pace at which you increase your dose could help.

These tips may help you manage common side effects with TYVASO, based on healthcare provider experience. They are not intended to be considered medical advice.

YOUR SUPPORT TEAM IS HERE TO HELP

Here's the important contact information you need:

United Therapeutics Cares™

PHONE: 1-844-864-8437
UnitedTherapeuticsCares.com

accredo®
Accredo Health Group, Inc.
an Express Scripts company

PHONE: 1-866-344-4874
FAX: 1-800-711-3526
accredo.com

CVS specialty®

PHONE: 1-877-242-2738
FAX: 1-877-943-1000
cvsspecialty.com

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Stay in step with your **TYVASO Treatment Tracker**

Turn your treatment schedule into a simple routine

- **Record and refer back to your doctor's instructions for each week**
- **Ensure you complete all 4 daily treatment sessions per your doctor's recommended schedule**
- **Keep track of the total number of breaths you take during each treatment session**
- **Write down notes and questions to share with your doctor**

Learn more about TYVASO at TYVASO.com

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