HERITAGE BIOLOGICS

Eptinezumab-jjmr (Vyepti) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- ☸ Copy of insurance cards
- ☸ History and Physical
- ☸ Patient face sheet w/demographics

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Plan Address		Plan Address	
Plan Phone & Fax Numbers		Plan Phone & Fax Numbers	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender ☐M ☐F	Height (inches)	Weight (lbs.)	Allergies (food/drug)

Statement of Medical Necessity / Primary Diagnosis

ICD10: Description of diagnosis:

Medication Information / Prescription and Orders

Medication:

Vyepti

Directions:

Infuse IV per manufacturer guidelines **OR** over _____ hours.
Titration rate according to package insert.
Dilute Vyepti dose in 100 mL of Sodium Chloride 0.9% to a final concentration of 1mg/mL per 100mg or 3mg/mL per 300mg dose.

☐ **100mg** IV every 90 days

#1 dose, refill x 12 months **OR** ☐ other _____

☐ **300mg** IV every 90 days

#1 dose, refill x 12 months **OR** ☐ other _____

*If subsequent treatment cycles only
Date of last infusion:

Next dose due:

Line Access

☐ RN to start peripheral IV or use existing CVC. RN to administer catheter flushing 2-10 mL IV as needed for infusion and line maintenance. RN to flush line with 20 mL of 0.9% Sodium Chloride after infusion.

☐ 0.9% Sodium Chloride ☐ Heparin 10 units/ml ☐ Heparin 100 units/ml ☐ 0.9% Sodium Chloride Sterile (port)

Quantity/Refills

Dispense:
quantity #QS + PRN refills
unless otherwise noted
☐Other

Adverse Reaction Orders

In the event of an infusion reaction (ie: musculoskeletal pain, fevers, chills, rigors, headache) the following orders will be followed and physician will be notified.

☸ Mild/Moderate reaction: Pause infusion for 10 minutes, resume infusion at previously tolerated rate.

☸ Severe reaction (w/breathing problems): CALL 911, administer Epinephrine 0.3 mg IM.

Prescriber Information

Physician Name		Office Contact	
Practice Address		Practice Phone	
NPI#	License #	DEA#	
Physician Signature Required - Substitution Permitted	Date	Physician Signature Required - Dispense as Written	Date