

Eptinezumab-jjmr (Vyepi) Patient Referral Form

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
- Patient face sheet w/demographics
- History and Physical

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	Height (inches)	Weight (lbs.)	Allergies (food/drug)
<input type="checkbox"/> M <input type="checkbox"/> F			

Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:

Medication Information / Prescription and Orders

Medication:	Directions:	*If subsequent treatment cycles only
Vyepi	Infuse IV per manufacturer guidelines OR over _____ hours. Titration rate according to package insert. Dilute Vyepi dose in 100 mL of Sodium Chloride 0.9% to a final concentration of 1mg/mL per 100mg or 3mg/mL per 300mg dose.	Date of last infusion:
<input type="checkbox"/> 100mg IV every 90 days #1 dose, refill x 12 months OR <input type="checkbox"/> other _____		Next dose due:
<input type="checkbox"/> 300mg IV every 90 days #1 dose, refill x 12 months OR <input type="checkbox"/> other _____		

Line Access

<input type="checkbox"/> 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. <input type="checkbox"/> 0.9% Sodium Chloride <input type="checkbox"/> Heparin 10 units/ml <input type="checkbox"/> Heparin 100 units/ml <input type="checkbox"/> 0.9% Sodium Chloride Sterile (port)	Quantity/Refills
	Dispense: quantity #QS + PRN refills unless otherwise noted <input type="checkbox"/> 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