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	
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)
☐M ☐F			

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.

*If subsequent treatment cycles only
Date of last infusion:

☐ **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 _____

Next dose due:

Line Access

RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per Heritage Biologics policy.
☐ Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium choride 0.9% IV before and after medication administration or every 24 hours while IV access in place.
☐ Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access.
☐ Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port accessed.

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