

Eptinezumab-jjmr (Vyepti) 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 | |
| Subscriber Name | DOB | Subscriber Name | DOB |
| Policy Number | Group ID | Policy Number | Group ID |

Patient Clinical Information

| | | | |
|---|-----------------|---------------|-----------------------|
| Gender <input type="checkbox"/> M <input type="checkbox"/> 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. | *If subsequent treatment cycles only 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

- RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications as directed.
- Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 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 |