

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	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: 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: Next dose due:
<input type="checkbox"/> 100mg IV every 3 months #1 dose, refill x 12 months OR <input type="checkbox"/> Other _____		
<input type="checkbox"/> 300mg IV every 3 months #1 dose, refill x 12 months OR <input type="checkbox"/> Other _____		

Line Access	Line Type:	<input type="checkbox"/> PIV <input type="checkbox"/> Port/CVAD	Quantity/Refills
RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per orders below. <input type="checkbox"/> Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before medication administration or every 24 hours while IV access in place. Flush with 20 mL AFTER medication administration. <input type="checkbox"/> Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access. <input type="checkbox"/> Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port accessed.			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