BioTek reMEDys

Vyepti Referral Form

Phone: (877) 246-9104
Fax: (800) 783-9146
WWW.Biotekrx.com

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: ______________________	Prescriber Name: ______________________
Address: ______________________	NPI #: ____________ DEA: ____________
City, State, Zip: ______________________	Address: ______________________
Phone: ____________ 2nd Phone: ____________	Phone: ____________ Fax: ____________
DOB: ____________ Gender: ☐ Male ☐ Female	Contact Person: ____________ Phone: ____________

INSURANCE INFORMATION - OR - Send a copy of the patient's prescription / insurance cards (front & back)	
Primary Insurance: ______________________	RX Card (PBM): ______________________
City, State, Zip: ______________________	BIN: ____________ PCN: ____________
Member ID #: ____________ Phone: ____________	City, State, Zip: ______________________
Plan #: ____________ Group #: ____________	Plan #: ____________ Group #: ____________

DIAGNOSIS / CLINICAL INFORMATION	
☐ G43.7 Chronic Migraine with Aura	Therapy: ☐ New ☐ Reauthorization ☐ Restart
☐ G43.70 Chronic Migraine with Aura, no Intractable	Date of last infusion with Vyepti:
☐ G43.71 Chronic Migraine with Aura, Intractable	Next dose due:
☐ **Other – ICD-10:** ____________ **Specify:**	
Date of diagnosis: ____________	
Average number of migraine days in a month over the past 3 months:	
List of previous migraine medication taken:	
Patient Weight: ________ lbs.	Height: ____________ feet and inches
Allergies:	
Comorbidities:	

PRESCRIPTION / ADMINISTRATION		
☐ Vyepti	☐ 100 mg dose (1-100mg vial) ☐ 300 mg dose (3-100mg vials)	☐ 1 vial (100mg) Refills: ________ ☐ 3 vials (300 mg) Refills: ________

☐ Administer the diluted Vyepti solution by IV with a 0.2 or 0.22 µm in-line or add-on sterile filter. Infuse over approximately 30 minutes. Flush the line with 20 mL or 0.9% Sodium Chloride Injection, USP. Repeat dose every 3 months.

PHYSICIAN'S SIGNATURE

X ______________________________________ Date: ____________________

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.

Fax completed form to: (800) 783-9146 - Thank you for using BioTek reMEDys®