



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: _____ 2 nd Phone: _____		Phone: _____ Fax: _____	
DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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	
<input type="checkbox"/> G43.7 Chronic Migraine with Aura	Therapy: <input type="checkbox"/> New <input type="checkbox"/> Reauthorization <input type="checkbox"/> Restart
<input type="checkbox"/> G43.70 Chronic Migraine with Aura, no Intractable	Date of last infusion with Vyepti: _____
<input type="checkbox"/> G43.71 Chronic Migraine with Aura, Intractable	Next dose due: _____
<input type="checkbox"/> 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			
<input type="checkbox"/> Vyepti	<input type="checkbox"/> 100 mg dose (1-100mg vial)	<input type="checkbox"/> 1 vial (100mg)	Refills: _____
	<input type="checkbox"/> 300 mg dose (3-100mg vials)	<input type="checkbox"/> 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: _____

CONFIDENTIALITY STATEMENT: This facsimile and documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.

If you have received this information in error, please notify the sender at the address and telephone number set forth herein and arrange for return or destruction 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.