Arthritis, Rheumatic, & Bone Disease Associates
An Affiliate of Trabecular Medical Group

IDYLLIC
infusion treatment center

Vyepti Request Form

2301 Evesham Road, Building 800, Suite 115
Voorhees, New Jersey 08043
T. (856) 996-0145
F. (856) 770-8271 ~ Attn: Stephanie D

DATE:	
REFERRING PROVIDER INFORMATION	
Requesting Provider Name and NPI Tax ID#	**Name: NPI: Tax ID#**
Fax Number	
Practice Contact (Name/Phone number)	
We will gladly remind your patient to schedule routine follow-up visits with your office. **Return to Referring Provider (frequency): EVERY _____ WKS / MOS**	
PATIENT INFORMATION	
Patient Name	
Date of Birth	/ /
Height in ft/in: Weight in lbs:	
Insurance(s): include copies of front and back	
Preferred Treatment Location	▢ Voorhees ▢ Moorestown ▢ Wall/Manasquan ▢ Sewell ▢ Hamilton ▢ Galloway
Primary Care Physician (Name / Phone Number)	PCP Name: PCP Phone Number:

Diagnosis:

☐ G43._____ _____

The following information is required for Vyepti prior authorization:

- For chronic migraines, how many migraine/tension-like headaches does the patient have per month? _____
- For episodic migraines:
    - How many migraines per month? _____
    - How long do the headaches usually last? _____
    - Do the migraines significantly diminish the patient's quality of life? ☐ YES
    - Has the patient tried/failed 2+ migraine meds? ☐ YES ☐ NO
        - Which ones? _____
    - Without Vyepti, is the patient at risk of medication overuse headache? ☐ YES ☐ NO
    - How many headache days/month does the patient have? _____
    - Has headache medication overuse been ruled out? ☐ YES ☐ NO
    - Has the patient failed 1+ migraine prophylaxis? ☐ YES ☐ NO
        - Which one(s)? _____
    - If the patient is using Botox for prophylaxis, will they stop using it once starting Vyepti? ☐ YES ☐ NO
        - If not, why? _____
    - If the patient is using a cGRP antagonist, will they stop using it once starting Vyepti? ☐ YES ☐ NO
        - If not, any reason why? _____

PLEASE NOTE:

- Please include a copy of RX to this document when transmitting to ARBDA/IDYLLIC. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required.

    - ** NOTE ** Please do NOT provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
    - *OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS*
    - *Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.*
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.
- **!! IMPORTANT !!** *Please notify our office if the medication is discontinued.*

Ordering Provider Signature: _____