

## Vyepti Request Form

2301 Evesham Road, Building 800, Suite 115  
Voorhees, New Jersey 08043  
T. (866)497-0905  
F. (609)228-9798 Attn: Idyllic Infusion Coordinator

Is this a Continuation of Care or a new start to the medication?

- Continuation of Care (Provide documentation of last administration)  
 New Rx

<b>DATE:</b>	
<b>REFERRING PROVIDER INFORMATION</b>	
<b>Requesting Provider Name and NPI Tax ID#</b>	<b>Name: NPI: Tax ID#</b>
<b>Fax Number</b>	
<b>Practice Contact (Name/Phone number)</b>	
<b>Email of Contact</b>	
<p><i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i></p> <p><b>Return to Referring Provider (frequency): EVERY _____ WKS / MOS</b></p>	
<b>PATIENT INFORMATION</b>	
<b>Patient Name</b>	
<b>Date of Birth</b>	/ /
<b>Height in ft/in: Weight in lbs:</b>	
<b>Insurance(s): include copies of front and back</b>	

<b>Preferred Treatment Location</b>	<input type="checkbox"/> Voorhees <input type="checkbox"/> Wall/Manasquan <input type="checkbox"/> Hamilton <input type="checkbox"/> Moorestown <input type="checkbox"/> Sewell <input type="checkbox"/> Galloway
<b>Primary Care Physician (Name / Phone Number)</b>	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: \_\_\_\_\_