

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

| | |
|---|-----------------------------------|
| DATE: | |
| REFERRING PROVIDER INFORMATION | |
| Requesting Provider Name and NPI Tax ID# | Name: NPI: Tax ID# |
| Fax Number | |
| Practice Contact (Name/Phone number) | |
| Email of Contact | |
| <p><i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i></p> <p>Return to Referring Provider (frequency): EVERY _____ WKS / MOS</p> | |
| 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 | <input type="checkbox"/> Voorhees <input type="checkbox"/> Wall/Manasquan <input type="checkbox"/> Hamilton <input type="checkbox"/> Haddon Heights | <input type="checkbox"/> Moorestown <input type="checkbox"/> Sewell <input type="checkbox"/> Galloway |
| Primary Care Physician (Name / Phone Number) | PCP Name: PCP Phone Number: | |

The referring provider is the primary provider responsible for medication management, labs, scripts, and the patient's treatment plan.

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.

☐ Patient has been educated by the ordering provider on medication.

Ordering Provider Signature: _____