

VYJUVEK™ PRESCRIBER ORDER FORM

Patient Name:

DOB:

Address:

Phone:

Height:

☐ inches ☐ cm

Weight:

☐ lbs ☐ kg**Clinical Information**

Primary Diagnosis Description:

ICD-10 Code:

Vyjuvek Prescription

Dosage: ☐ **Age 6 months to 3 years: Apply up to 0.8mL of prepared VYJUVEK gel topically once weekly (+/- 3 days to allow for patient/nurse scheduling) to selected wounds until they are closed.**

Discard remaining excess gel from vial.

☐ **Age 3 years and older: Apply up to 1.6mL of prepared VYJUVEK gel topically once weekly (+/- 3 days to allow for patient/nurse scheduling) to selected wounds until they are closed.**

Discard remaining excess gel from vial.

Apply evenly to selected wound(s) in grid pattern droplets spaced approximately 1cm apart.

Dispense four prepared doses of VYJUVEK gel syringes to a final concentration of 5×10^9 PFU/2.5mL. **Refills** _____

If planned dose is missed, administer dose ASAP and reset dosing schedule to weekly after the missed dose was administered.

Wound Selection and Prioritization☐ Prescriber to choose wound areas for treatment. Patient/caregiver will perform wound care/cleansing and apply outer dressings as directed.**Number wound areas in order of priority for treatment (please choose at least 5 areas):**

____ Abdomen ____ Arm L ____ Arm R ____ Back (lower) ____ Back (upper) ____ Buttocks ____ Chest ____ Foot L ____ Foot R
____ Groin ____ Hand L ____ Hand R ____ Head/Face ____ Leg L ____ Leg R ____ Neck ____ Shoulder/Axilla L ____ Shoulder/Axilla R

OR☐ Patient/caregiver to determine wounds to be prioritized, perform wound care/cleansing, and apply outer dressings as directed by the prescriber.☐ Treat as many wounds as possible with VYJUVEK prepared syringe volume by applying drops in a 1cm by 1cm grid pattern.**Nursing Orders (where applicable)**☐ The patient/caregiver is a healthcare provider and will be independent with weekly VYJUVEK application once the skilled nurse has completed teaching and patient/caregiver has successfully completed return demonstration of appropriate use.

Skilled nurse to assess wounds, ensure wounds are clean and dry and administer VYJUVEK to open wounds as indicated above. Patient/Caregiver will have wounds undressed and cleaned for VYJUVEK application and will redress wounds after gel administration and hydrophobic dressing application. The nurse will provide ongoing support and assistance as needed. The nurse will contact the prescriber as needed for any new, re-opened, or concerning wounds. Teaching will be provided regarding disposal of hydrophobic dressing by patient/caregiver.

The nurse will use a hydrophobic dressing to cover the wound post gel application to be left in place for approximately 24 hours.

Nurse or pharmacy to contact Prescriber every 4 weeks OR _____ (frequency) weeks with wound description, and update on progress.

The nurse will use Option Care Health's secure email platform to send photos of the wound(s) every 4 weeks OR _____ (frequency) and as needed to the prescriber at _____ (email address). Photos are used to track progress, address concerns and for insurance reauthorization.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ Date: _____

Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation: (800) 491-9561 or eFax-VyjuvekReferral@optioncare.com

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.