


# VYJUVEK™ (BEREMAGENE GEPERPAVEC) PRESCRIBER ORDER FORM

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

	Patient Name:		DOB:	
	Address:			
	Phone:	Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight:

## Clinical Information

Primary Diagnosis Description:	ICD-10 Code:
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## VYJUVEK™ (beremagene geperpavec) Prescription

**Dosage:**

**Age 6 months to 3 years: Apply up to 0.8mL of prepared VYJUVEK gel topically once weekly to selected wounds until they are closed.**  
Discard remaining excess Vyjuvek gel from vial.

**Age 3 years and older: Apply up to 1.6mL of prepared VYJUVEK gel topically once weekly to selected wounds until they are closed.**  
Discard remaining excess Vyjuvek gel from vial.

Apply evenly to selected wound(s) in grid pattern droplets spaced approximately 1cm apart.  
Dispense one prepared dose of VYJUVEK gel syringes to a final concentration of  $5 \times 10^9$  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 using 1cm by 1cm grid pattern with VYJUVEK prepared syringe volume.

## Nursing Orders

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 VYJUVEK 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 VYJUVEK 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.

The patient/caregiver is a healthcare professional 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.

*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:

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