

Vyepti (Eptinezumab-jjmr) Infusion Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes noting 15 or more migraines a month
- History of failed medications and their durations
- Other: _____

Patient height and weight:

Patient Height (cm): _____ Patient Weight (kg): _____

Vyepti Medication Order

- Intravenous Dosage (choose one)
 - 100 mg
 - 300 mg
- Frequency (choose one)
 - Every 3 months
 - Other: _____

Additional Instructions/Notes: 	Patient IV Access <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol *Imaging results of proper placement required for PICC/Port
---	---

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400