

Vyepti® (eptinezumab-jimr) Orders

Please complete ALL fields and fax to 817-553-1393. An incomplete form will delay the processing/scheduling of the patient. Thank you for your referral and allowing us to partner with you in the care of your patient. Please call 817-553-1325 with any questions.

Patient Name: _____ DOB: _____

Phone: _____ Allergies: _____

Weight: _____ lbs/ kg

Primary Diagnosis: _____ ICD-10 Code: _____

Please send all of the following items to complete your referral:

- This completed order form
- Patient demographics and insurance information
- Progress notes relevant to the diagnosis and documentation of the frequency and severity of migraines
- List of tried and failed medications for this diagnosis along with dates taken and reason for failure or intolerance
- Any other relevant lab work or test results

Prescription: (*ORDER EXPIRES IN ONE YEAR)

- Start Peripheral IV Saline lock.
- Flush IV line with 3 to 10ml 0.9% Sodium Chloride before and after IV medication administration.
- VYEPTI 100 MG IV, REPEAT every 12 WEEKS.
- VYEPTI 300 MG IV, REPEAT every 12 WEEKS.
- MAY ADMINISTER FOR ADVERSE REACTIONS BENADRYL 25 MG IVP, MAY REPEAT X1.

Ordering Provider Information

Name _____
 Address _____

 NPI # _____
 Signed _____

Office Contact Information

Name _____
 Phone () _____ - _____
 Fax () _____ - _____
 Email _____
 Date / / _____