

EPTINEZUMAB-JJMR (VYEPTI®) PRESCRIBER ORDER FORM		
FAX COMPLETED FORM, INSURANCE INFORMATION, CLINICAL DOCUMENTATION (LATEST NOTES & LABS) to: (757) 466-1128		
<input type="checkbox"/> NEW PATIENT OR <input type="checkbox"/> CHANGE ORDER: <input type="radio"/> Drug Change <input type="radio"/> Dose Change <input type="radio"/> Interval Change		
Patient Name:	Date of Birth:	
Phone:	Gender:	
Address:		
Allergies:		
Height: <input type="checkbox"/> in <input type="checkbox"/> cm	Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kg	
CLINICAL INFORMATION		
Primary Diagnosis Description:	ICD-10 Code:	
Medications previously tried and failed (list medication and duration of use):	Has patient received Botox®? <input type="checkbox"/> Yes: # of injections _____ <input type="checkbox"/> No	
PRESCRIPTION		
For existing Vyepti® patients: Date of last infusion: _____		
Vyepti® (Eptinezumab-jjmr) refill as directed x 1 year <input type="checkbox"/> Infuse 100mg IV over 30 minutes once every 3 months. <input type="checkbox"/> Infuse 300mg IV over 30 minutes once every 3 months. Using a 50mL 0.9% Sodium Chloride IV bag, flush IV tubing with NS 10 to 20 mL after each infusion Infuse via a 0.2 micron in-line filter Dispense quantity sufficient of Vyepti® 100mg single dose vials for each dose		
ANCILLARY ORDERS		
Pre-Medication Orders <input type="checkbox"/> Cetirizine 10mg IV 30 minutes before infusion. <input type="checkbox"/> Other: _____		
Refill above ancillary orders as directed x 1 year.		
<i>I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.</i>		
Prescriber Signature:	Date:	
PRESCRIBER INFORMATION		
Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State, Zip:	Office Contact:	
<small>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 the 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.</small>		