

Eptinezumab-jjmr (Vyepti)

Provider Order Form rev. 09/19/2024

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____

Patient Address: _____ Patient Email: _____

Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____

Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Migraine: _____

Other: _____ Description: _____

THERAPY ADMINISTRATION & DOSING (Choose one)

Administer eptinezumab-jjmr (Vyepti) 100 mg IV in 100 mL NS over a period of 30 minutes. Flush with 20 ml NS following infusion.

Administer eptinezumab-jjmr (Vyepti) 300mg intravenously in 100 mL NS over a period of 30 minutes. Flush with 20 mL NS following infusion.

FREQUENCY (Choose one)

- Every 3 months
 Other _____

ADDITIONAL ORDERS

PRE-MEDICATION ORDERS

- Tylenol 500mg / 650mg PO
 Loratadine 10mg PO
 Pepcid 20mg PO / IVP
 Benadryl 25mg / 50mg PO / IVP
 Solumedrol 40mg / 125mg IVP
 Other: _____

NURSING

- Hold infusion and notify provider for:
- Abnormal vital signs, history of hypersensitivity to VYEPTI
 - Chance of pregnancy
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

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

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications including antiepileptic, beta blockers, Botox, Antidepressants, CGRPs, Aimovig, Emgality, Triptans and Calcium channel blockers, Number of Migraines per month

Provider Name (print) Provider Signature Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.