

## VYEPTI (EPTINEZUMAB-JJMR) ORDER FORM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg \_\_\_\_\_ lb  
 Allergies: \_\_\_\_\_  
 Patient has known difficult venous access. Comments: \_\_\_\_\_  
 New Start Therapy |  Continuation of Therapy & Date of last dose (if applicable): \_\_\_\_\_

### DIAGNOSIS (Provider must specify)

Migraine, ICD 10: \_\_\_\_\_  
 Other: \_\_\_\_\_

### PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

Demographics     Labs and tests supporting diagnosis     Office/progress notes

### PRE-MEDICATION (Not typically indicated)

Acetaminophen (Tylenol) 500 mg PO     Famotidine 20 mg IV     Methylprednisolone (Solu-Medrol) 125 mg IVP  
 Benadryl 25mg PO     Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

### MEDICATION

| MEDICATION | DOSE   | ROUTE | FREQUENCY               |
|------------|--|-------|-------------------------|
| Vyepti     | <input type="checkbox"/> 100 mg<br><input type="checkbox"/> 300 mg | IV    | Every 3 months x 1 year |

### OTHER NOTES

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_