



Vyepti (eptinezumab-jjmr) Infusion Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) _____

NKDA Allergies: _____

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____

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

TRIED AND FAILED MEDICATIONS

In the past year, what medications for the above diagnosis has the patient tried and failed?

REQUIRED LABS

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

VYEPTI ORDERS

DOSING:

Vyepti (eptinezumab-jjmr) diluted in 100ml 0.9% sodium chloride intravenous infusion administered over 30 minutes

100mg OR 300mg

FREQUENCY:

Every 3 months

Notes: _____

REFILLS:

(if not indicated prescription will expire one year from date signed)

Infuse One Standing Orders:

Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date