

Vyepti (eptinezumab-jjmr)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com
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PATIENT INFORMATION

| | | | |
|------------------------|--------------------------------|--------------------|----------------|
| Patient Name: | | DOB: | |
| Patient Phone: | | Patient Email: | |
| NKDA | Allergies: | Weight lbs/kg: | Height: |
| Patient Status: | New to Therapy | Continuing Therapy | Therapy Change |
| | Next Due Date (if applicable): | | |

PROVIDER INFORMATION

| | | | |
|----------------------------|--|-----------------------------|------------------|
| Referral Coordinator Name: | | Referral Coordinator Email: | |
| Ordering Provider: | | Provider NPI: | |
| Referring Practice Name: | | Phone: | Fax: |
| Practice Address: | | City: | State: Zip Code: |

DOCUMENTATION (REQUIRED)

| | | | |
|------|---------------------------------|---------------------|------------------------|
| Labs | Insurance Card (front and back) | Current Medications | History/Progress Notes |
|------|---------------------------------|---------------------|------------------------|

ICD-10 CODE

- G43.101 Classical migraine, not intractable
 - G43.909 Migraine, unspecified, not intractable
 - G43.911 Migraine, unspecified, intractable
 - G43.809 Other migraine, not intractable
 - G43.711 Chronic migraine, without aura, intractable
 - G43.701 Chronic migraine, without aura, not intractable
- Other: _____

MEDICATION ORDER

Vyepti (eptinezumab-jjmr)
Dose:
100mg IV
300mg IV
Frequency:
every 3 months
Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg 650mg 1000mg PO
 - cetirizine (Zyrtec) 10mg PO
 - loratadine (Claritin) 10mg PO
 - diphenhydramine (Benadryl) 25mg 50mg / PO IV
 - methylprednisolone (Solu-Medrol) 40mgIV 125mg IV
 - hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____

SPECIAL INSTRUCTIONS

Dose: _____ Route: _____ Frequency: _____

| | | |
|-----------------------|--------------------|------|
| Provider Name (Print) | Provider Signature | Date |
|-----------------------|--------------------|------|

Check here if this is a stat order