



EPTINEZUMAB-JJMR

(Vyepi)

Order Form

Outpatient Infusion

Patient Name	
DOB	
Address	
Phone	

Order Status	<input type="checkbox"/> New Order <input type="checkbox"/> Renewal <input type="checkbox"/> Dose or Frequency Change
Diagnosis	<input type="checkbox"/> Migraine, prevention <input type="checkbox"/> Other: _____
	Diagnosis Code: _____

Allergies:

Pre-medications

Other: _____

- Vyepi 100mg IV every 3 months
- Vyepi 300mg IV every 3 months
- Other: _____

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax: