

# Vypeti Infusion Order

(Eptinezumab-jjmr)



Ph: 805-719-3700 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics
- Insurance Information
- Current Lab Results
- H & P Relevant to Diagnosis
- Current Medications
- Tried and failed prior therapy

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Pre-Medications Not Usually Indicated.

## VYEPTI (EPTINEZUMAB-JJMR) IV DOSAGE:

**100 mL 0.9% Sodium Chloride**

100 mg     300 mg

**Frequency: Every 3 months**

**\*Per package insert, start at 100mg**