

PATIENT INFORMATION (Complete or Fax Existing Chart)	PRESCRIBER INFORMATION
Name: _____ DOB: _____ Address: _____ City, State, Zip: _____ Phone: _____ Alt. Phone: _____ Email: _____ SS#: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Weight: _____ (lbs) Ht: _____ Allergies: _____	Prescriber Name: _____ State License: _____ NPI #: _____ Tax ID: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ Office Contact: _____ Phone: _____

INSURANCE INFORMATION – AND – Send a copy of the patient's prescription/insurance cards (front & back)

Primary Insurance: _____	Secondary Insurance (If Applicable): _____
Plan #: _____	Plan #: _____
Group #: _____	Group #: _____
RX Card (PBM): _____	RX Card (PBM): _____
BIN: _____ PCN: _____	BIN: _____ PCN: _____

CLINICAL INFORMATION

G43.7 Chronic migraine without aura
 G43.70 Chronic migraine without aura, no intractable
 G43.71 Chronic migraine without aura, intractable
 Other – ICD-10: _____ Specify: _____
 Date of Diagnosis: _____ Average number of migraine days over the last 3 months: _____
 Previous Migraine Medications: _____

DRUG ORDERS

Prescription type: New start Restart Continued therapy Total Doses Received: _____ Date of Last Injection/Infusion: _____

Medication	Dose	Qty/Refills
<input type="checkbox"/> Vyepti (eptinezumab-jjmr)	<input type="checkbox"/> 100 mg dose (1-100mg vial) <input type="checkbox"/> 300 mg dose (3-100mg vial) <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 vial (100mg) Refills: _____ <input type="checkbox"/> 3 vials (300mg) Refills: _____ <input type="checkbox"/> Other: _____ Refills: _____

Administer the diluted Vyepti solution by IV with a 0.2 or 0.22 µm in-line or add-on sterile filter. Infuse over approximately 30 minutes. Flush the line with 20 mL or 0.9% Sodium Chloride Injection, USP. Repeat dose every 3 months.
 Other: _____

ANAPHYLACTIC REACTION (AR):

EpiPen® Auto-injector 0.3 mg (1:1000) Inject IM -or- SubQ to patients who weigh ≥ 66 lbs (≥ 30 kg); may repeat in 3-5 mins x 1 if necessary
 EpiPen Jr® Auto-injector 0.15mg (1:2000) Inject IM -or- SubQ to patients who weigh 33 - 66 lbs (15-30 kg); may repeat in 3-5 mins x 1 if necessary
 Diphenhydramine 50mg (1mL) - Give 50 mg slow IVP, administer IM if no IV access; may repeat x 1 after 10 mins, if necessary
 Hydrocortisone 100mg - Give 100 mg IVP -or- IM if no IV access
 Sodium Chloride 0.9% 500 mL infuse IV at a rate of 30 mL/hr
 Other: _____

SIGNATURE

X _____ Date: _____
 Prescriber Signature

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