

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, not intractable
 G43.111 Migraine with aura, intractable with status migrainosus
 G43.119 Migraine with aura, intractable without status migrainosus
 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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