

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



ORDER FORM VYEPTI™ (eptinezumab-jjmr)

Date: _____

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
Allergies:	Date of Referral:	

PHYSICIAN INFORMATION		
Physician Name*:	Practice Name:	
Address:	Office Contact*:	
Phone:	Fax:	Email (for updates):

REFERRAL STATUS				
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal	<input type="checkbox"/> Medication/Order Change	<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order

VYEPTI ORDER*:	ICD-10*: _____
Dosing: _____ 100mg IV every 3 months _____ 300mg IV every 3 months	
Physician Signature _____	Date (Order is Valid for One Year) _____
<i>Infusion will be administered per MPP policy and protocols</i>	

REQUIRED DIAGNOSIS:
_____ Migraine
_____ Chronic Migraine w/o Aura
_____ Chronic Migraine w/o Aura Intractable
_____ Other Migraine
_____ Menstrual Migraine, Not Intractable
_____ Migraine Unspecified
_____ Migraine Unspecified Intractable
_____ Other _____
Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:
_____ Patient Demographics
_____ Insurance Card/Information
_____ Clinical/Progress Notes supporting DX
_____ Current Medication List and H&P

STANDING LAB ORDERS: _____ CMP _____ CBC Frequency _____

NOTES/ADDITIONAL COMMENTS: <input type="checkbox"/> Other _____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____