

Vyepti (eptinezumab-jjmr) Infusion Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

☐ NKDA Allergies: _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

TRIED AND FAILED MEDICATIONS

- ☐ Ajovy - dates tried _____
☐ Aimovig - dates tried _____
☐ Emgality - dates tried _____

REQUIRED LABS

- ☒ Clinical/Progress Notes, Tests supporting primary diagnosis (please attach)

of headaches/month _____

of migraines/month _____

VYEPTI ORDERS

DOSING:

- ☒ Vyepti (eptinezumab-jjmr) diluted in 250ml 0.9% sodium chloride intravenous infusion administered over 30 minutes

☐ 100mg OR ☐ 300mg

FREQUENCY:

- ☒ Every 3 months

Notes: _____

REFILLS:

☐ _____

(if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

- ☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date