

**VYEPTI (EPTINEZUMAB-JJMR)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis

Patient Name:	DOB:
Allergies:	Patient Phone:

**Diagnosis:** \_\_\_\_\_ Pt. Weight \_\_\_\_\_ lb/kg  
(ICD-10 \_\_\_\_\_ )

J Code: J3590

**Vyepti Infusion:**  100mg IV infusion over 30 minutes every 3 months  
Normal Saline 100ml  
Anaphylaxis Kit

300mg IV infusion over 30 minutes every 3 months  
Normal Saline 100ml  
Anaphylaxis Kit

**Additional Instructions:**

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	