



159 Fountains Blvd.
Madison, MS 39110

Phone: 601-859-8200 Fax: 601-859-8201

**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:	