

## VYEPTI MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### ■ Diagnosis

Please write in the patient's diagnosis and most specific ICD-10 code.

G43. \_\_\_\_\_

### ■ Details Needed for Authorization

- For chronic migraines, how many migraine-line or tension-like headaches does the patient have per month? \_\_\_\_\_
- For episodic migraines:
  - How many migraines per month? \_\_\_\_\_
  - How long do the headaches usually last? \_\_\_\_\_
  - Do the migraines significantly diminish the patient's quality of life? \_\_\_\_\_
  - Has the patient failed on, or have contraindications to, 2 or more therapies? \_\_\_\_\_
  - Without Vyepti, is the patient at risk of medication overuse headache? \_\_\_\_\_
- Has medication overuse headache been ruled out? \_\_\_\_\_
- Has the patient failed on at least one migraine prophylaxis medication? \_\_\_\_\_
- If the patient is using Botox for prophylaxis, will they stop using it once starting Vyepti? \_\_\_\_\_
- If the patient is using any other CGRP antagonists, will they stop using it once starting Vyepti? \_\_\_\_\_

### ■ Vyepti (eptinezumab-jjmr) Order

Height in ft/in: \_\_\_\_\_ Weight in lbs: \_\_\_\_\_

100mg by IV over 30-40 minutes every 12 weeks for 1 year.

300mg by IV over 30-40 minutes every 12 weeks for 1 year.

- Most insurers require inadequate response at 100mg before approving 300mg. Has patient had inadequate response at 100mg? \_\_\_\_\_

Vyepti is administered through 0.2 micron DEHP-free IV tubing.

### ■ Rescue Management in case of Infusion Therapy Reaction

*These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.*

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

Provider's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone Line to Contact Person: \_\_\_\_\_

### STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

**Fax this order and supporting documentation to (732) 329-2322.**