MEDICATION ORDERS
EPTINEZUMAB-jjmr (VYEPTI)

Baptist HEALTH

PATIENT INFORMATION

Patient Name: DOB:

❑ NKDA   Allergies:

Patient Status: ❑ New to Therapy   ❑ Continuing Therapy - Last Treatment Date: Next Due Date:

REFERRAL STATUS

❑ New Referral   ❑ Dose or Frequency Change   ❑ Order Renewal

INFUSION OFFICE LOCATION (Optional)

Preferred Location: ❑ Montgomery   ❑ Prattville

DIAGNOSIS AND ICD 10 CODE

ICD-10 Description: _____   ICD-10 Code: _____

REQUIRED DOCUMENTATION/TESTING

❑   This signed order form by the provider
❑   Patient demographics AND insurance info
❑   Clinical/Progress notes supporting primary dx

List Tried & Failed Therapies, including duration of treatment:
1)

2)

MEDICATION ORDERS

❑ Vyepti 100 mg IV every 3 months

Refills: ❑ None   ❑ x 6 months   ❑ x 1 year   ❑ Other: _____
- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

SPECIAL INSTRUCTIONS

PROVIDER INFORMATION

Office Contact Name:

Prescribing Providers Name: Provider NPI:

Office Address: City: State: Zip:

Office Phone Number: Office Fax Number:

Physician Signature: Date:

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000
Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.