



MONTGOMERY  
CANCER CENTER

A BAPTIST MEDICAL CENTER SOUTH FACILITY

# MEDICATION ORDERS

## EPTINEZUMAB-jjmr (VYEPTI)

PATIENT INFORMATION	
Patient Name:	DOB:
<input type="checkbox"/> NKDA Allergies:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment Date:	Next Due Date:

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

INFUSION OFFICE LOCATION (Optional)	
Preferred Location:	<input type="checkbox"/> Montgomery <input type="checkbox"/> Prattville

DIAGNOSIS AND ICD 10 CODE	
ICD-10 Description: _____	ICD-10 Code: _____

REQUIRED DOCUMENTATION/TESTING
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance info <input type="checkbox"/> Clinical/Progress notes supporting primary dx
List Tried & Failed Therapies, including duration of treatment:
1)
2)

MEDICATION ORDERS
<input type="checkbox"/> Vyepti 100 mg IV every 3 months
Refills: <input type="checkbox"/> None <input type="checkbox"/> x 6 months <input type="checkbox"/> x 1 year <input type="checkbox"/> Other: _____
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>

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