

## Vyepti (Eptinezumab) Order Form—J3032

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Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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### VYEPTI (EPTINEZUMAB) DOSING (CHECK APPROPRIATE DOSING BOX):

- 100 mg IV every 3 months
- 300 mg IV every 3 months

Orders valid through: \_\_\_\_\_

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

_____ Provider Name		_____ Provider Signature	
_____ Date	_____ Phone	_____ Fax	_____ Pager