



### Checklist for Vyapti (eptinezumab-jjmr) Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Vyapti
  - Medication list and allergies
- Vyapti Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

---

**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

---

Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)  
Email: [info@infusioncenterne.com](mailto:info@infusioncenterne.com)



### **Prescribing Order: Vyapti (eptinezumab-jjmr)**

Date of Order: \_\_\_\_\_

New Start  Maintenance

Date of last infusion: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

Acetaminophen 1000mg PO  
 Loratadine 10mg or Cetirizine 10mg PO  
 Diphenhydramine 25mg PO

Diphenhydramine 25mg IV  
 Solu-medrol 125mg IV  
 Other: \_\_\_\_\_

**Lab Orders:**

\_\_\_\_\_

#### **Vyapti Medication Order**

Dosing:  100mg  300mg  Other: \_\_\_\_\_

Frequency:  Every 3 months  Other: \_\_\_\_\_

**Administration:**

- ✓ Dilute Vyapti 100mg or 300mg in 100ml Normal Saline and administer intravenously over 30 minutes with a 0.2 or 0.22 micron filter.
- ✓ In case of infusion reaction, STOP infusion and follow NCNE infusion reaction protocol. Notify physician.

---

Ordering Provider Name

NPI

---

Signature

Date