MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

VYEPTI™(eptinezumab-jjmr) ORDER FORM

(- Required Fields)*

☐ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

☐ **New Referral** ☐ **Order Renewal** ☐ **Medication/Order Change**
☐ **Benefits Verification Only** ☐ **Discontinuation Order**

PATIENT INFORMATION

NAME*:		DOB*:	SEX: ☐M ☐F
ADDRESS:		PHONE:	
WEIGHT: ☐LBS ☐KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION

PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

VYEPTI ORDER*:

*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: _____

Dosing: ☐ 100mg IV every 3 months

☐ 300mg IV every 3 months

Physician Signature* _____ **Date*(Order is Valid for One Year)** _____

Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

☐ Migraine

☐ Chronic Migraine w/o Aura

☐ Chronic Migraine w/o Aura Intractable

☐ Other Migraine

☐ Menstrual Migraine, Not Intractable

☐ Migraine Unspecified

☐ Migraine Unspecified Intractable

☐ Other_____

Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:

☐ Patient Demographics

☐ Insurance Card/Information

☐ Clinical/Progress Notes supporting DX

☐ Current Medication List and H&P

*STAT REASON:

(STAT requests will be assessed per MPP policy and protocols)

STANDING LAB ORDERS: ☐ CMP ☐ CBC

☐ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

☐ Lakewood

---------Florida---------

☐ Jacksonville
☐ Kissimmee
☐ Port St. Lucie
☐ Suncoast
☐ Winter Park

----------Texas----------

☐ Arlington
☐ Cedar Hill
☐ Dallas
☐ Denton
☐ Ft. Worth
☐ Irving
☐ Rockwall
☐ Southlake
☐ Flower Mound
☐ Plano
☐ Tyler

REVISION DATE- 3/2021