OKLAHOMA INFUSION SERVICES

Vyepti Order Form

Please fax form to: 405-726-9849

Patient Information

Patient Name:	DOB:	Phone:	Gender: M ☐ F ☐
Patient Address:	Email:	Insurance:	

Additional Information Needed

☐ Fax front/back of insurance card
☐ Fax patient demographics
☐ Fax clinical/progress notes
☐ Fax current medication list
☐ Fax labs
☐ Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

☐ G43 Migraine
☐ G43.7 Chronic Migraine without Aura
☐ G43.71 Chronic Migraine without Aura, Intractable
☐ G43.8 Other Migraine
☐ G43.82 Menstrual Migraine, Not Intractable
☐ G43.9 Migraine, Unspecified
☐ G43.91 Migraine, Unspecified, Intractable
☐ Other: Code: __________ Description: ______________________________

Clinical Information:

☐ New Therapy Induction ☐ Therapy Change ☐ Therapy Continuation
☐ Patient Weight: __________ lbs / __________ kg ☐ Patient Height: __________ in / __________ cm
☐ Allergies: ______________________________
☐ Therapies Tried and Failed: ______________________________

Lab Orders

☐ CBC ☐ CMP
☐ Other ______________________________

Lab Orders to be done by

☐ Oklahoma Infusion Services
☐ Referring Provider

Prescription Information

☐ Vyepti	☐ Dose: 100mg ☐ Dose: 300mg	☐ Frequency: every 3 months

Pre-Medication Orders

☒ Tylenol tablet 500-1000mg PO PRN
☒ Other: ______________________________

Standing Orders for Adverse Reactions

☒ Stop infusion and initiate NS bolus
☒ Notify supervising physician and ordering provider
☒ Solu-Cortef 100mg SIVP signs of adverse reaction
☒ Benadryl 25mg SIVP for hives or bronchial inflammation
☒ Epi 1:1000 1mL IM, IV, or SQ for anaphylaxis
☒ Oxygen 2-5L nasal cannula
☒ Albuterol 2.5mg inhaled PRN for chest tightness
☐ Other: ______________________________

Prescriber Information

Prescriber Name:		Office Contact Name:	
NPI #:	DEA #:	Contact Phone:	Contact Fax:

______________________________ ______________________________

Prescriber's Signature: **Date:**

By signing this form, you are authorizing Oklahoma Infusion Services and its employees to act as your designated agent to interact with medical and prescription insurance companies for prior authorization and specialty pharmacy approval to render infusion services.