

**Vyepti™ (eptinezumab-jjmr) Referral Form**

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(414) 763-0063  
www.gtinfusions.com

Patient Information	
Patient Name:	Patient DOB:
Referral Status	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Renewal/Restart
<input type="checkbox"/> Medication/Order Change	<input type="checkbox"/> D/C Infusions
Diagnosis and ICD 10 Code	
<input type="checkbox"/> Chronic Migraine without Aura	ICD 10 Code: <b>G43.7</b>
<input type="checkbox"/> Chronic Migraine without Aura, not Intractable	ICD 10 Code: <b>G43.07</b>
<input type="checkbox"/> Chronic Migraine without Aura, Intractable	ICD 10 Code: <b>G43.71</b>
<input type="checkbox"/> Other Diagnosis:	ICD 10 Code:
Supporting Documentation	
<input type="checkbox"/> Patient demographics	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis
<input type="checkbox"/> Copy of patient insurance card(s) – front & back	<input type="checkbox"/> Labs and tests
<input type="checkbox"/> Tried and Failed therapies	<input type="checkbox"/> Current Medication and Allergy List
Medication Orders	
<input type="checkbox"/> Vyepti™ (eptinezumab-jjmr) – 100 mg dose (1-100 mg vial) IV over 30 minutes every 3 months	
<input type="checkbox"/> Vyepti™ (eptinezumab-jjmr) – 300 mg dose (3-300 mg vial) IV over 30 minutes every 3 months	
Notes (Additional Info)	
<b>Premedication, adverse and anaphylactic reactions and post infusion will be treated per Gamma Therapeutic Center protocol.</b>	
Prescriber Information	
Prescriber Name:	NPI #:
Office Contact:	Office Phone:
Office Fax:	
Prescriber Signature:	Date: <small>(Order is valid for one year)</small>
My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Gamma Therapeutic Center and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above.	
<b>Notify patient we will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.</b>	

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