



**Epitinezumab (Vyepti)**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- ☐ Migraine without aura (G43.0)
- ☐ Migraine without aura, not intractable (G43.00)
- ☐ Migraine without aura, not intractable, with status migrainosus (G43.001)
- ☐ Migraine without aura, intractable, with status migrainosus (G43.011)
- ☐ Migraine without aura, intractable, without status migrainosus (G43.019)
- ☐ Migraine with aura, not intractable (G43.10)
- ☐ Migraine with aura, not intractable, with status migrainosus (G43.101)
- ☐ Migraine with aura, not intractable, without status migrainosus (G43.109)
- ☐ Migraine with aura, intractable (G43.11)
- ☐ Migraine with aura, intractable, with status migrainosus (G43.111)
- ☐ Migraine with aura, intractable, without status migrainosus (G43.119)

**Orders**

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

**Premedication**

☐ Diphenhydramine (Benadryl) 25 MG ORAL ONCE

**Infusion – Eptinezumab-jjmr (Vyepti) [J3032 : 1 MG = 1 unit]**

- ☐ Eptinezumab (Vyepti) 100 MG in 100 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 30 minutes using an infusion line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter. Repeat EVERY 12 WEEKS.
- ☐ Eptinezumab (Vyepti) 300 MG in 100 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 30 minutes using an infusion line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter. Repeat EVERY 12 WEEKS

**Infusion Reaction**

☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
10582508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE