



ORD

Epitinezumab (Vyepti)

Patient and Physician Information

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

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: _____
10582512

TIME: _____

PHYSICIAN'S SIGNATURE