

Vyepti Infusion Order

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to

Required Lab Results: N/A

Infusion Therapy:

Vyepti (eptinezumab-jjmr) _____mg IV over 30mins

Frequency: every 3 months

ICD 10 Code: _____

Pre-Meds: Administer 30 minutes prior to Vyepti

Acetaminophen 650 mg PO x 1

Benadryl _____ mg PO or _____mg IV x 1 (*if applicable, only choose ONE*)

Loratadine 10mg PO x 1

SoluMedrol 125 mg IV x 1

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

Additional Orders:

Special Instructions:

- Infuse using a 0.2 micron or 0.22 micron in-line or add-on sterile filter.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain pre- and post-infusion vital signs. Obtain vitals PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed

Physician Name: _____
Physician Signature: _____
Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: