



VYEPTI® (EPTINEZUMAB-JJMR) Order Form

Please fax all pages with a copy of medical history and recent labs to (888) 388-1309*

For Inquiries call: Georgia prescribers line: (844) 803-2220 All other prescribers: (844) 598-2557

Patient Information

Date of Birth:	Patient name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Requested Start of Care Date:	Height:	Weight (kg):	
Address:	City:	State:	Zip:
Allergies:			
Other Medications:			
Primary Diagnosis:		ICD-10:	
Insurance: <input type="checkbox"/> Front and back of insurance attached		Medical History: <input type="checkbox"/> Clinical Notes and labs attached	

Prescription

For existing Vyepti patients: Date of last infusion: _____

Vyepti® (Eptinezumab-jjmr) 100 mg/ mL refill as directed x 1 year

☐ Infuse 100 mg IV over 30 minutes once every 3 months

☐ Infuse 300 mg IV over 30 minutes once every 3 months

Using a 50ml NS IV bag, flush IV tubing with NS 10 to 20 mL after each infusion Infuse via a 0.2 micron in-line filter

Dispense quantity sufficient of Vyepti® 100 mg single dose vials for each dose

Ancillary and Premedication Orders / Other Orders- Dispense PRN X 1 year

☐ Anaphylaxis Kit

- Diphenhydramine Tab Administer 50 mg PO x1. May repeat once if symptoms persist.
- Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN if no improvement.
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN
- Normal saline 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis. Patients ≤ 30 kg, infuse over 2 to 4 hours

Pre-Medication Orders

☐ Other: _____

IV Flush Orders

☐ Peripheral: NS 5 mL pre-/post-use.

☐ Implanted Port: NS 5 to 10 mL pre-/post-use

Heparin (100 unit/mL) 5 mL post-use

For maintenance, heparin (100 unit/mL) 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

☐ Other: _____

Nursing Order: RN to complete assessment and administer Vyepti via ambulatory pump. RN to insert peripheral IV or access central venous catheter. RN to flush IV post infusion

Ancillary supplies: Ancillary supplies, including a disposable IV pole, for the via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump.

Prescriber Information

Name:	Practice:		
Address:	City:	State:	Zip:
Phone:	Fax:	NPI:	Contact:

By signing, I certify/recertify that the above therapy, products and services are medically necessary and that this patient is under my care. I have received authorization to release the above referenced information and medical and/or patient information relating to this therapy.

Substitution permissible signature

Dispense as written signature

Date