

## VYEPTI (eptinezumab-jjmr) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

NKDA Allergies: \_\_\_\_\_

New Start therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

\_\_\_\_\_ Migraine  \_\_\_\_\_ *(other)*

#### Pre-Medication:

Tylenol 1000mg PO  Solu-Medrol 125mg IVP  
 Cetirizine 10mg PO  Solu-Cortef 100mg IVP  
 Diphenhydramine 25mg PO  Diphenhydramine 25mg IVP  
 Other: \_\_\_\_\_

#### Required Documents:

Patient Demographic Sheet  
 Clinical/Progress Notes, Labs and Tests supporting primary diagnosis *(please attach)*  
 Documentation of tried & failed medication in the past year for migraine diagnosis

### VYEPTI ORDERS:

Dosing:  Dilute in 100ml 0.9% sodium chloride, administer IV over 30 minutes

100 mg  300 mg

Frequency:  every 3 months  other: \_\_\_\_\_

Refills: \_\_\_\_\_ *(if not indicated, Rx will expire one year from date signed)*

### Red River Health Standing Orders:

Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_