



## Vyepti (Eptinezumab-jjmr) Infusion Order Form

### Patient Information

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

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

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

Migraine

ICD 10 Code: G43.909

### Pre-Medication Orders

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Methylprednisolone (Solu-Medrol)     125mg     IV

Ondansetron (Zofran)     4mg     8mg     PO     IV

Other: \_\_\_\_\_ Route: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

### Special Instructions / Notes

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

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

### **Vyepti Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

#### Dosage

100mg IV     300mg IV

Other \_\_\_\_\_

#### Frequency

Once every 3 months

Other \_\_\_\_\_

### **Required Documents**

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical & Progress Notes (including last infusion note)

Copy of Insurance Card (Front/Back)

### **Location**

Eau Claire

Weston

Middleton