



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: _____ Date of Last Infusion: _____
Height _____ Weight _____
Infusion Location: (state and site) _____

VYEPTI® (eptinezumab-jjmr) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):
_____ Migraine (ICD-10) _____ Other: _____ (ICD-10)

- Hold infusion and notify provider for:
o Abnormal vital signs, history of hypersensitivity to VYEPTI
o Chance of pregnancy
• If an infusion-related reaction occurs, stop infusion, notify provider and follow Hypersensitivity Reaction Management Protocol as clinically indicated

Verify Patient Record Contains:

- Office visit notes with complete list of treatment failures
 Number of headache/migraine days each month DOSING:

Administer VYEPTI® eptinezumab-jjmr 100 mg IV in 100 mL NS over a period of 30 minutes. Flush with 20 ml NS following infusion
 Administer VYEPTI® eptinezumab-jjmr 300mg IV in 100 mL NS over a period of 30 minutes. Flush with 20 mL NS following infusion
Use a 0.2 to 0.22micron in-line or add-on sterile filter.)
Must infusion within 8 hours of mixing medication

Frequency (chose one):

- Every 3 months
 Other _____

Additional Orders:

Provider Name (print): _____ Date: _____

Provider Signature: _____ Time: _____