

# Eptinezumab-jjmr (Vyepiti)

## Provider Order Form



### PATIENT INFORMATION

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

### PROVIDER INFORMATION

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

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### NURSING

- Provide nursing care per RBIC Standard Nursing Procedures, including reaction management and post-procedure observation

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

### PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

### THERAPY ADMINISTRATION

- Eptinezumab-jjmr (**Vyepiti**) in 100ml 0.9% sodium chloride. Infuse with a 0.2-0.22 micron in-line or add-on filter
- Dose:  100mg /  300mg
  - Frequency:  every 3 months
  - Route:  intravenous
  - Infuse over 30 minutes
- Flush with 20ml 0.9% sodium chloride at the completion of infusion
- Patient is required to stay for 30-minute observation post infusion/injection
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_ (if not indicated order will expire one year from date signed)

### SPECIAL INSTRUCTIONS

Ordering Provider: Initial here \_\_\_\_\_ and proceed to the next page.

## ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting
- If reaction occurs:
  - Stop infusion.
  - Maintain/establish vascular access.
  - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
  - RBIC clinicians have the following PRN medications available for the following reactions.
    - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
    - Mild Hives, itching, redness, or rash - Loratadine 10mg PO or Diphenhydramine 50mg PO.
    - Severe hives, itching, redness, or rash - Diphenhydramine 25-50mg SIVP.
    - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
    - Severe Nausea, vomiting, heartburn, acid reflux - Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
    - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 250ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
    - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep SpO2 >92%.
    - Solumedrol 125mg IV- Refractory to other treatments given.
    - Other \_\_\_\_\_
  - When symptoms resolve resume infusion at 50% previous rate and increase per manufacturer's guidelines.
- Severe allergic/anaphylactic reaction:**
  - If symptoms are rapidly progressing or continuing after administration of PRN medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
    - Call 911.
    - Initiate basic life support as needed.
    - Bring the **AED** to the patient (Attach pads if indicated).
    - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
    - Place patient in recumbent position, elevate lower extremities.
    - **Oxygen** - administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
    - **IV Fluids** - Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
    - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
    - Administer **methylprednisolone** 125mg IVP, if not previously given.
    - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
    - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

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Patient Name

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Patient Date of Birth

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Provider Name (Print)

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Provider Signature

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Date

Email to [referrals@redbankinfusioncenter.com](mailto:referrals@redbankinfusioncenter.com) or  
fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

**FAX: 732-529-2668**