

# Vyepti® (Eptinezumab-jjmr) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.

**Fax completed form, insurance information and clinical documentation to 414-260-7368.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_  inches  cm Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

Medications previously tried and failed (list medication and duration of use): \_\_\_\_\_

Has patient received Botox®?  Yes - # of injections: \_\_\_\_\_  No

## Vyepti® (Eptinezumab-jjmr) Prescription

**For existing Vyepti patients: Date of last infusion:** \_\_\_\_\_

**Vyepti® (Eptinezumab-jjmr) 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 Orders

### Anaphylaxis Orders

- Treat per Froedtert Home and Specialty Infusion protocol.

### Pre-Medication Orders

- Other: \_\_\_\_\_

**IV Access and Flush Orders:** RN to access and monitor venous infusion line as indicated below:

- Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
- Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab

### Lab Orders

- No labs ordered at this time.
- Other: \_\_\_\_\_

**Skilled nurse to assess and administer via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.**

**I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ NPI \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Contact \_\_\_\_\_



Original - Medical Records

**Froedtert Home and Specialty Infusion**  
N86 W12999 Nightingale Way  
Menomonee Falls, WI 53051  
**262-532-5040**