

Eptinezumab-jjmr (Vyepti)

Provider Order Form

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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 IVX 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** (Vyepti) 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.
 - IVX Health 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 manufactures 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.

Patient Name

Patient Date of Birth

Provider Name (Print)

Provider Signature

Date

Choose a location and fax the order form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

CHICAGO: 312-253-7244 ___Glenview ___Schaumburg ___Lombard ___Naperville

KANSAS CITY: 844-900-1292 ___Overland Park ___Lee's Summit ___Briarcliff

PHILADELPHIA: 844-820-9641 ___Malvern ___Bensalem ___Montgomeryville

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