



Mankato Clinic

Together we thrive.

ADULT AMBULATORY INFUSION ORDER

Eptinezumab-jjmr (VYEPTI)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Date: ____/____/____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 H & P Relevant to Diagnosis Last infusion note Current Medications

PATIENT INFORMATION

Allergies: _____

Weight: _____ lbs/kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: ____/____/____

Phone: (____)____-____ Fax: (____)____-____

Office Address: _____

Contact Person: _____

PRE-MEDICATIONS:

Diphenhydramine: PO IV 25 mg 50mg

Acetaminophen: PO 650 mg 1000 mg

Other: _____

No Pre-Medications

WAIT TIME AFTER PRE MEDICATIONS:

20 minutes 30 minutes Other: _____ No wait time

LABS:

CBC w/diff EVERY infusion every OTHER infusion other: _____

CMP EVERY infusion every OTHER infusion other: _____

- CRP EVERY infusion every OTHER infusion other: _____
- Other: _____ EVERY infusion every OTHER infusion other: _____
- No labs needed

VYEPTI (eptinezumab-jjmr) IV DOSAGE:

Dose: 100 mg 300 mg in 100 mL 0.9% Sodium Chloride

Frequency: Every 12 weeks

Other: _____ **Duration:** _____