

Eptinezumab (Vyepti) Order Set

= Optional Order = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

Avoid use in patients with recent cardiovascular or cerebrovascular ischemic events

PRE-MEDICATIONS-*Give prior to treatment*

When ordering a pretreatment medication, please select appropriate formulation.

- Acetaminophen - 650 mg oral times one
- diphenhydramine - 25 mg oral capsule – 25mg times one
- diphenhydramine - 25 mg, IV Push times one.
- Hydrocortisone - 100 mg, IV Push times one.

Eptinezumab (Vyepti)

- 100mg IVPB over 30 minutes every 3 months Duration _____
- 300mg IVPB over 30 minutes every 3 months Duration _____

Monitoring parameter-Monitor the patient for 30 minutes for hypersensitivity reaction after the first infusion

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

