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Troy, OH 45373
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
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Dayton, OH, 45459
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Vyepti® (Eptinezumab) Order Form
Epic referral: REF115207

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

- IV eptinezumab (Vyepti) 100 mg added to 100 mL 0.9% NaCl infused over 30 minutes
 - Flush line with 50 mL of 0.9% NaCl after infusion to ensure entire dose is given
 - Infuse with 0.2 micron filter

- IV eptinezumab (Vyepti) 300 mg added to 100 mL 0.9% NaCl infused over 30 minutes
 - Flush line with 50 mL of 0.9% NaCl after infusion to ensure entire dose is given
 - Infuse with 0.2 micron filter

Frequency: Every 12 weeks Other: _____

Order good for: 6 months 1 year Other duration: _____

Labs to be drawn onsite: _____

Lab frequency: _____

Other Orders/Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____