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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 90 days                       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:** \_\_\_\_\_