

**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 \_\_\_\_\_

- Use less than or equal to 0.22 micron filter tubing

**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 O<sub>2</sub> PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO<sub>2</sub> 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: \_\_\_\_\_

