

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4589; Fax: 207-768-4183

☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

**OUTPATIENT VYEPTI (EPTINEZUMAB)
ORDERS**

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DIAGNOSIS: _____ **ICD10:** _____

IV ACCESS:

- ☐ Saline Lock:
- ☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - ☒ Discontinue Saline Lock after therapy completed
- ☐ PICC Line:
- ☒ Routine PICC Line Care, labs and restoration (Refer to Policy #26.802 & #26.807)
 - ☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- ☐ Porta cath / Central Access Device (Hickman, Triple lumen):
- ☒ Porta cath access, labs, restoration and de-access (Refer to Policy #26.902) / Central Access Device use and care (Refer to Policy #26.102)

Height: _____ cm **Weight:** _____ kg

LABWORK:

- ☐ _____ **Frequency:** _____
- ☐ _____ **Frequency:** _____
- ☐ _____ **Frequency:** _____
- ☐ _____ **Frequency:** _____
- ☐ _____ **Frequency:** _____

PREMEDICATION:

- ☐ Methylprednisolone (Solu-Medrol) 125 mg, IVP, ONCE
- ☐ Cetirizine (Zyrtec) 10 mg, PO, ONCE
- ☐ Sodium Chloride 0.9% (Bolus Infusion) Tot Vol: 500 mL, Soln, IVPB, ONCE, Infuse Over: 30 minutes
- ☐ _____

MEDICATION:

- ☐ Vyepti (Eptinezumab) 100 mg, Soln, IV, in 100 mL Sodium Chloride 0.9%, Infuse over 30 minutes using an infusion pump and 0.2 or 0.22 micron in-line or add-on sterile filter; Flush line with 20 mL of Sodium Chloride 0.9% after infusion complete.
- ☐ Vyepti (Eptinezumab) 300 mg, Soln, IV, in 100 mL Sodium Chloride 0.9%, Infuse over 30 minutes using an infusion pump and 0.2 or 0.22 micron in-line or add-on sterile filter; Flush line with 20 mL of Sodium Chloride 0.9% after infusion complete.

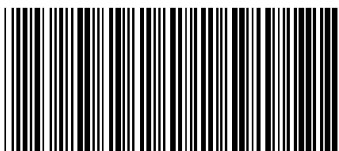
Frequency:

- ☒ Every 3 months

Duration:

- ☐ 6 months ☐ 1 year ☐ Other: _____

OTHER: _____



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
August 2024