

**Eptinezumab-jjmr
Infusion Therapy Plan Orders**

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Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol).
Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

<input type="checkbox"/> Pre-Service Authorization has been obtained by Kaiser Permanente	Fax: 1-888-282-2685	Voice: 1-800-289-1363
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Order Date: _____	Diagnosis ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

General Plan Communication

- **Standard Dose:** 100 mg as an intravenous infusion over approximately 30 minutes every 3 months.
- **Higher Dose:** Some patients may benefit from a dosage of 300 mg every 3 months.
- **Warning for hypersensitivity reaction:**
 - Hypersensitivity reactions, including angioedema, urticaria, facial flushing, dyspnea, and rash, have occurred with eptinezumab-jjmr in clinical trials and in the post marketing setting.
 - Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur.
 - Cases of anaphylaxis have been reported in the post marketing setting. If a hypersensitivity reaction occurs, consider discontinuing eptinezumab-jjmr and institute appropriate therapy.
- **Special instructions/notes:**

Provider Information
Baseline Monitoring Parameters

- No baseline monitoring parameters necessary.

Monitoring Parameters for Subsequent Infusions

- None

Infusion Therapy

- Standard Dose**

eptinezumab-jjmr (VYEPTI) 100 mg in 0.9 % sodium chloride (NS) 100 mL IV infusion

Dose: 100 mg

Route: Intravenous

Frequency: Every 3 months

Administer Over: 30 minutes

If infusion-related reaction:

- 1) STOP infusion immediately
- 2) Begin primary infusion to wide open rate
- 3) Notify MD
- 4) Monitor vital signs
- 5) Administer PRN medications
- 6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Note any changes to above regimen:

 Higher Dose
eptinezumab-jjmr (VYEPTI) 300 mg in 0.9 % sodium chloride (NS) 100 mL IV infusion
Dose: 300 mg

Route: Intravenous

Frequency: Every 3 months

Administer Over: 30 minutes

If infusion-related reaction:

- 1) STOP infusion immediately
- 2) Begin primary infusion to wide open rate
- 3) Notify MD
- 4) Monitor vital signs
- 5) Administer PRN medications
- 6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

Note any changes to above regimen:

Pre-Meds

-
- No routine pre-medications necessary.

IV Line Care

-
- 0.9% sodium chloride infusion 250 mL**

Rate: 30 mL/hr

Route: Intravenous

Frequency: Establish IV access and run continuously to keep vein open

Infusion Reaction Meds

- Acetaminophen (TYLENOL) 325 mg tab. Take 2 tablets PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.
- Alteplase (CATHFLO ACTIVASE) Inj 2 mg INTRACATHETER PRN x 2 doses. Instill 2 mg to affected port(s) of central venous catheter if sluggish or occluded. Allow to dwell for 30 minutes, if unable to aspirate blood allow to dwell for an additional 90 minutes. May repeat one time if unsuccessful.
- DiphenhydrAMINE (BENADRYL) 50 mg injection. Give IV push over 2 minutes one time, if needed for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Notify provider if patient experiences a hypersensitivity reaction.
- Famotidine (PEPCID) (PF) Inj 20 mg. Give IV push over 2 minutes for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Give immediately after diphenhydrAMINE. Notify provider if patient experiences a hypersensitivity reaction.
- MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF). Give 125 mg IV push one time PRN for shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction not otherwise specified. Notify provider if patient experiences a hypersensitivity reaction.
- Sodium Chloride 0.9% IV bolus 1,000 mL. Give IV over 1 hour one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity reaction.
- EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-injector. Give IM one time PRN for severe cardiovascular or respiratory symptoms (e.g., dyspnea, wheeze/bronchospasm, stridor, hypoxemia) of a suspected hypersensitivity reaction. Provider must be present upon giving medication.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Nursing Orders

- Must be diluted prior to administration. Infuse using an infusion set with a 0.2 micron and 0.22 micron inline or add-on sterile filter.
- Do not mix or infuse other medications in the same infusion set.
- Following infusion, flush line with 20 mL NS.
- Discontinue IV line when therapy complete and patient stabilized.

References

VYEPTI (eptinezumab-jjmr) [package insert]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.

Kaiser Permanente Infusion Locations

Please refer to the link below for the current list:
<https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion>

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____