Madison Neurology LLC : Compiled for Educational Purposes. Not for Clinical Use.

MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Vyepti®

Eptinezumab-jjmr

COMPLETE CLINICAL PROTOCOL: PRE-TREATMENT CHECKLIST • ORDER SET • FOLLOW-UP • HOLD/DISCONTINUE CRITERIA

GENERIC NAME	eptinezumab-jjmr
BRAND	VYEPTI®
MEDICATION CLASS	CGRP ligand–targeted monoclonal antibody
PRESENTATION	100 mg/mL single-dose vial — dilute in 100 mL 0.9% NaCl
ROUTE	IV infusion over approximately 30 minutes
US INDICATION (FDA)	Preventive treatment of migraine in adults (episodic and chronic migraine).

Class context.
The IV route gives 100% bioavailability with onset of preventive effect within days — the practical niche is rapid prevention (e.g., during medication-overuse withdrawal) and patients who cannot manage self-injection. Hypersensitivity reactions including anaphylaxis occur — infuse where anaphylaxis can be managed.

Section 1 — Pre-Treatment Checklist

A. Required screening labs

☐ Confirm migraine diagnosis and preventive-treatment indication: attack frequency, disability (MIDAS/HIT-6), and prior preventive trials per payer criteria.

☐ Medication reconciliation: document current acute and preventive agents; CGRP-class duplication (e.g., adding to another anti-CGRP mAb or gepant preventive) is not indicated.

☐ Pregnancy test when relevant — limited pregnancy data; individualized decision.

B. Vaccinations

☐ No label restrictions.

C. Clinical assessments & counseling

- ☐ Baseline headache diary (monthly migraine days, headache days, acute-medication days) — continuation decisions need objective numbers.
- ☐ Hypersensitivity education: reactions including anaphylaxis typically occur DURING the infusion — report itching, flushing, urticaria, or breathing symptoms immediately.

D. Exclusion / hold criteria — do not start

CRITERION	RATIONALE / REQUIRED ACTION
Serious hypersensitivity to eptinezumab	Labeled contraindication.

Section 2 — Order Set

Premedication

- ☐ None required.

Dosing schedule

Standard dose	100 mg IV over approximately 30 minutes, every 12 weeks.
Higher dose	300 mg IV every 12 weeks when a greater effect is needed (label-supported option).

Standing orders — every infusion

- ☐ Monitor during the infusion; be prepared to manage anaphylaxis.
- ☐ Review the headache diary at every cycle — response, acute-medication days, and tolerability.

Missed or delayed dose

Administer as soon as possible and resume every-12-week dosing from that date.

Section 3 — Follow-Up Protocol

ITEM	FREQUENCY / TIMING	ACTION / THRESHOLD
Headache diary (migraine days/month, acute-med days)	Review every 12-week cycle	No meaningful response after 2–3 cycles → re-evaluate the preventive plan.
Blood pressure	Periodically	Hypertension signal identified with the CGRP class; manage and reassess.
Hypersensitivity review	Every infusion	Any anaphylaxis → discontinue.
Constipation / Raynaud's symptoms	Each cycle (class effects)	Severe constipation or new Raynaud's → evaluate attribution; may require discontinuation.

Section 4 — Pause vs. Stop Criteria

A. Pause or delay (resume when resolved)

CRITERION	REQUIRED ACTION
Pregnancy	Hold; re-evaluate risk-benefit.
New significant hypertension	Manage and reassess continuation.

B. Discontinue permanently

CRITERION	REQUIRED ACTION
Anaphylaxis or serious hypersensitivity	Discontinue (contraindication).
No meaningful response after 2–3 cycles	Re-evaluate the preventive strategy.
Severe class adverse effects (marked hypertension, severe constipation, Raynaud's)	Discontinue or switch mechanism.

Section 5 — Notes & Practical Points

☐ Payer criteria typically require failed trials of oral preventives (and often onabotulinumtoxinA for chronic migraine) — document them at initiation.

Prepared November 2026 by Madison Neurology LLC.

This document is an educational compilation and does not reproduce the complete prescribing information. Verify every element against the current FDA label and applicable REMS requirements before clinical use.

- Current U.S. prescribing information via NIH DailyMed — https://dailymed.nlm.nih.gov/dailymed/
- FDA Drugs@FDA database — https://www.accessdata.fda.gov/scripts/cder/daf/
- FDA drug safety and availability updates — https://www.fda.gov/drugs/drug-safety-and-availability

Vyepti is a registered trademark of its respective owner; referenced here for identification only.

Questions about infusion referrals: call 608 403 0000. Neurology Care 7 days a Week. Because Your Brain Matters.