

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year
 Appointment Request – Infusion – 2 hour Every 84 Days

LABS: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Beta-HCG Quant Once on Day 1
 Pregnancy Screen, Urine Qualitative Once on Day 1

Provider Communication: Order will be done as per appointment frequency
 Avoid use in patients with recent cardiovascular or cerebrovascular ischemic events. Limit use to patients with significant disability from frequent migraines who are unable to tolerate or do not respond to adequate trials of at least 2 other preventive therapies. Monitor blood pressure as may cause new-onset hypertension or worsening of preexisting hypertension.

Supportive Care: Order will be done as per appointment frequency
 sodium chloride prime bag 250 mL
250 mL, intravenous, at 0-999, PRN as needed, Prime Bag

Medication: Every 84 days
Eptinezumab-ijmr (Vyephti®) in NS 100 mL IVPB, intravenous, administer over: 30 minutes, Once
 Infuse using a 0.2-0.22 micron in-line filter. Following infusion, flush line with 20 mL NS.
 100mg
 300mg

Emergency Medications Order will be done as per appointment frequency
 Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____