

McLeod Health

Eptinezumab-jjmr (Vyepti) Treatment Plan

Patient Name: _____ DOB: _____

Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one ICD-10 code):

G43 Migraine

Other ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

eptinezumab-jjmr (Vyepti) 100 mg/mL solution in 100 mL 0.9% sodium chloride intravenous infusion over 30 minutes

eptinezumab-jjmr (Vyepti) 300 mg/mL solution in 100 mL 0.9% sodium chloride intravenous infusion over 30 minutes

Frequency

Every 12 weeks

Other: _____

Order Duration: One year unless otherwise specified (Other: _____)

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw

McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.