

# McLeod Health

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## Eptinezumab-jjmr (Vyepti) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### 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/Authorization Information:

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the preferred location or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-6195 (Phone)