

McLeod Health

Place Sticker Here

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.

Seacoast: 843-366-2830 (Fax)

843-390-8200 (Phone)