

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: _____)

Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.
- Appropriate access and line care orders per health system policy

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.