

# McLeod Health

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

<input type="checkbox"/> McLeod Regional Medical Center (Florence)	<input type="checkbox"/> McLeod Health Loris	<input type="checkbox"/> McLeod Health Cheraw
<input type="checkbox"/> McLeod Health Seacoast (Little River)	<input type="checkbox"/> McLeod Health Dillon	<input type="checkbox"/> 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](mailto:medicationaccessteam@mcleodhealth.org).**