

SITE OF CARE TRANSITION FORM



This form will help your patients transition to their next site of care and help to support the initiation or continuity of their treatment with VYEPTI® (eptinezumab-jjmr). Please fill out all of the applicable fields and send the form, along with any other required documentation, to the site of care at which the patient will receive his or her VYEPTI infusion.

Referring Physician Information

Prescriber name: _____
Address: _____
Prescriber NPI: _____
Office contact name: _____
Contact phone number: _____
Fax number: _____

Site of Care Information

Name: _____
Address: _____
Contact name: _____
Contact phone number: _____
Fax number: _____
Date faxed: _____

Patient Information

Name: _____ Date of birth: _____ Sex: M F
Address: _____ City: _____ State: _____ ZIP: _____
Phone number: _____ Cell number: _____ Patient email: _____
ICD-10-CM diagnosis code: _____

Insurance Information

Please submit copies of the front and back of the patient's primary and secondary insurance cards.

Treatment History Checklist

On a separate sheet, please provide a complete treatment history, which may include:

All previous medications, dose, and treatment dates, including all acute migraine medications taken within the past 3 months.

Note any intolerance of, or inadequate response to, acute migraine medication.

If the patient experienced inadequate response to a preventive medication, include the duration of the trial period.

If a medication was discontinued, list all reasons for discontinuation.

Special notes or instructions.

VYEPTI® (eptinezumab-jjmr) 100 mg/mL injection Prescription

Order for infusion of VYEPTI

VYEPTI 100 mg/mL single-use vial Quantity: _____ Refills: _____

Directions (SIG): Infused every 3 months

Additional Instructions _____

Dispense as written

Generic substitution permitted

Physician Attestation and Signature

By signing below, the prescriber gives consent to the prescribed order for infusion listed above, as well as for the site of care to act as the prescriber's agent, to begin and execute the prior authorization process, and to help the patient apply to copay assistance programs, including all foundations and manufacturer assistance programs, as needed.

Physician signature (required): _____ Date: _____

Please see Dosage and Important Safety Information on next page. For more information, see the Prescribing Information including Patient Information, or go to vyeptihcp.com for more information.



RECOMMENDED DOSING

The recommended dosage is 100 mg administered by intravenous infusion every 3 months. Some patients may benefit from a dosage of 300 mg administered by intravenous infusion every 3 months.

INDICATION

VYEPTI® (eptinezumab-jjmr) is indicated for the preventive treatment of migraine in adults.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included angioedema.

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions: Hypersensitivity reactions, including angioedema, urticaria, facial flushing, and rash, have occurred with VYEPTI in clinical trials. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI, and institute appropriate therapy.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 2\%$ and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

For more information, please see the [Prescribing Information](#) including [Patient Information](#), or go to vyeptihcp.com for more information.

VYEPTI CONNECT® is your direct link to access support.

FOR MORE INFORMATION, CALL 833-4-VYEPTI OR VISIT WWW.VYEPTIHCP.COM