



PATIENT INFORMATION

Patient Name: _____ **DOB:** _____ **Gender:** M F
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____
Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:

Recent clinical and/or office visit notes supporting primary diagnosis

Tried and failed prescribed medications:

Ajovy Emgality Aimovig Other (please specify): _____

MEDICATION ORDERS

ICD-10 Diagnosis Codes: G43 Migraine Other: _____ Other: _____

Prescribers please note, all ICD-10 codes within G43.1 - G43.719 are considered appropriate when prescribing Vyepiti. Please select the code that best aligns with the patient's documented migraine type and clinical presentation.

New to Therapy **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-medication:

- Acetaminophen 1000mg PO Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
- Ceterizine 10mg PO Diphenhydramine 25mg IVP

DOSING/FREQUENCY:

Vyepiti (eptinezumab-jimr) diluted in 100 ml 0.9% sodium chloride IV infusion administered over 30 minutes **Every 3 months** 100 mg 300mg

Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name _____

Provider Signature _____

Date _____

Fax Number

- Brandon:** (656) 218-9643
- Clearwater:** (727) 977-9717
- Fort Myers:** (239) 533-5962
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