



VYEPTI® PATIENT ENROLLMENT

1 PATIENT INFORMATION
(Please complete the following information)

Patient Name (First, MI, Last): _____ DOB: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Phone: _____ Please attach demographic information

2 INSURANCE INFORMATION Please attach front and back of patient's insurance card, prescription card, and/or Medicaid card.

Primary Insurance Name: _____	Secondary Insurance Name: _____
Primary Insurance ID: _____	Primary Insurance ID: _____
Insurance Phone Number: _____	Insurance Phone Number: _____
Policyholder Name: _____	Policyholder Name: _____

3 CLINICAL INFORMATION Please fax clinical documentation to pharmacy along with referral form.

Diagnosis (ICD-10 Code): _____ Date Migraines started: _____ Number of headache days per month: _____
 Allergies: _____

Previous Acute Migraine Medication (last 3 months):

Name of drug and dose	Duration	Outcome (effective, suboptimal, intolerant, failed)	Discontinued (Y/N) - Reason?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Prophylactic Migraine Medication (last 3 months):

Name of drug	Class	Outcome (effective, suboptimal, intolerant, failed)	Discontinued (Y/N) - Reason?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4 PRESCRIBER INFORMATION Practice Name: _____

Prescriber Name: _____ Specialty: _____ NPI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Contact: _____ Phone: _____ Fax: _____

5 VYEPTI PRESCRIBING INFORMATION & AUTHORIZATION May Substitute May NOT Substitute

Drug: VYEPTI 100-mg/mL single-use vial **SIG:** Infuse 100mg over 30 min once every 3 months
 Qty: _____ (vials) Refills: _____

Prescriber's Signature _____ Date of Signature _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by the express authority of the sender to the named addressee.