



## VYEPTI INFORMED CONSENT FORM

Vyepti (eptinezumab-jjmr) is a prescription medication administered via infusion that is used for the preventive treatment of migraine headaches in adults. Vyepti works by targeting and blocking a specific protein that is involved in migraine attacks, reducing their frequency and severity.

### Vyepti Benefits

Clinical studies have demonstrated Vyepti's ability to significantly reduce the number of monthly migraine headache days experienced by individuals with episodic and chronic migraine.

### Vyepti Risks

Like all medications, Vyepti has potential side effects and risks. These may include:

- Allergic reactions, including anaphylaxis
- Rash
- Pruritus
- Hypersensitivity Reactions
- Flushing
- Itching
- Nasopharyngitis

Please note that this is not an exhaustive list of potential Vyepti risks. We encourage you to speak to your healthcare provider to understand the complete spectrum of potential side effects and risks associated with Vyepti.

Your participation in the Vyepti treatment plan is voluntary, and you have the right to withdraw at any time.

By agreeing to receive Vyepti, you acknowledge that you understand the potential risks and benefits associated with the medication. You also acknowledge that you have discussed the treatment with your healthcare provider and have had the opportunity to ask questions that have been answered to your satisfaction. You also agree to disclose any preexisting medical conditions, allergies, and medications you are taking to your healthcare provider.

I understand all possible side effects from this medication may not have been completely identified and as new information becomes available I will be notified.

I have had the opportunity to fully read, understand and discuss this consent form with my physician and the nurses. By signing this consent, I am agreeing to treatment with VYEPTI.

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Patient's Name

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Witness' Name

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Patient's Signature

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Witness' Signature

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Date

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Date