

Antimigraine Agents, Vyepti® (Eptinezumab-jmnr) Prior Authorization (PA) Form

HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

Member Information

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Weight in kilograms: _____

Prescriber information

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NPI number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Drug information

Drug name:

Drug form:

Drug strength:

Dosing frequency:

Length of
therapy:

Quantity:

(Form continued next page.)

Member's first name:

[illegible]

- a. Headaches have characteristics and symptoms consistent with migraine without aura: AND

Amyb

- 05/23/1983

☐ Yes

☐ No

Not provided

- 2751 Market DR

☒ Yes ☐ No

TN

37253-2973

615-593-1048

approval: Not provided

- ## ABS OF TN

☐ Yes☐ No

Not provided

- Angela Nicole

☐ Yes☐ No

☐ Yes ☐ No

Intractable chronic migraine without

643.711

- VYERTI

75 ma

- Take 75 mg by mouth as needed (migr

- ii. Reduction of ≥ 5 points in the MPFID (Migraine Physical Function Impact Diary) score; OR
- iii. Reduction of ≥ 5 points in the HIT-6 (Headache Impact Test) score

☐ Yes☐ No

Date _____

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include all requested information; Incomplete forms will delay the PA process.

Submission of documentation does **not** guarantee coverage.

The completed form may be **faxed to 844-512-7020**.