

Antimigra ine Agents, Vyepti[®] (Eptinezuma b-jmmr) 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:		
Drug strength: Length of	Dosing frequency:		

(Form continued next page.)

Antimigraine Agents, Vyepti® (Eptinezumab-jmmr) Prior Authorization (PA) Form Page 2 of 3 Member's last name: Member's first name: Drug information (continued) Chen Amy Preventive treatment of migraine Profess *step edit required Non-prefered points (PA required) Aimovig®, Ajovy® and Ajovy® autoinjector Emgality® syringe (100 mg) Engelity pan and syringe (120 mg), Nurtec® ODT Qulipta™, Vyepti® Acpte treatment pf gig 20179 HILLDALE Preferred agents (No SA with trial of 2 generic triptans) Non-preferred agents (PA required) N61t5e5933-11048€IVV™ Reyvow®**Not obrewidezc**hvzpret™ ABS OF TN Not provided Identify why the preferred agents cannot be used: Angela Nicole Not provided in the conte Drug information representation without 643,711 All drugs in this class are eligible to receive a six-month approval. Complete the following questions. For preventive treatment of migraine, does the member meet the *step edit and the following criteria? ☐ Yes Is the member ≥ 18 years of age? AND ☐ Yes □ No Has the member been utilizing prophylactic intervention modalities (for example, pharmacotherapy, behavioral therapy, physical therapy, etc.)? AND ☐ Yes □ No

- 4. Does the member have a diagnosis of chronic migraines defined as 15 or more headache (tension-type-like and/or migraine-like) days per month for > three months? AND
 - Member has had at least five attacks with features consistent with migraine (with and/or without aura); AND
 - b. On at least eight days per month for > three months:
 - i. Headaches have characteristics and symptoms consistent with migraine; OR
 - ii. Member suspected migraines are relieved by a triptan or ergot derivative medication; AND
 - c. Member has failed at least an eight-week trial of any two oral medications for the prevention of migraines (for example, antidepressants, beta blockers, antiepileptics) prior to initiation of eptinezumab: AND
 - d. Member had an inadequate response (or unable to tolerate) a minimum trial of at least two preferred self-injectable CGRP options; OR

☐ Yes ☐ No

(Form continued next page.)

Antimigraine Agents, Vyepti® (Eptinezumab-jmmr) Prior Authorization (PA) Form Page 3 of 3

М	lember's last name: Member's first name:	Member's first name:		
5.	Does the member have diagnosis of frequent episodic migraines defined as at least five headache attack lasting 4 to 72 hours (when untreated or unsuccessfully treated)? AND	<s< td=""></s<>		
	a. Headaches have characteristics and symptoms consistent with migraine without aura; AND Amy b. Medication overuse headache has been ruled out by trial Glaen ilure of titrating off acute migrain treatments in the past AND	ne		
	$05/23/1983_{\square \text{Yes}}$ $\square \text{No}$ Not provided			
6.	2%; Verit Bothe used in combination with prophylactic calcitonin gene-related peptide (CGRP) inhibitors (for example, erenumab, galcanezumab, fremanezumab, atogepant, rimegepant, etc.)	s?		
	HILY			
For regences - complete the following questions to receive a 12-month approval:				
1.	· · · · · · · · · · · · · · · · · · ·			
2.	2. Amgelen Nicole ber have an absence of unacceptable toxicity from the the conte			
3.	Intractable chronic migraine withou Has the member experienced a clinical response as evidenced by:			
VYER.TI _{Reduction} in mean monthly headache days (MHD) of at least moderate severity of ≥50% relative to the pretreatment baseline (diary documentation or medical professional attestation); OR Take 75 mg by mouth as needed (migr b. A clinically meaningful improvement in ANY of the following validated migraine-specific member-				
	reported outcome measures:			
	 i. Reduction of ≥5 points when baseline score is 11 to 20 OR reduction of ≥30%when baseline score is >20 in the MIDAS (Migraine Disability Assessment) scores; OR 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			
-	Prescriber signature (required) Date			
	By signature, the physician confirms the above information is			
	accurate and verifiable by member records.			
ı	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**.