

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. Use one form per member.

Smith
01/15/1990

Member Information

Last name:

First name:

Johnson

Dr. Sarah

1234567890

Medicaid ID number:

Date of birth:

-

-

Weight in kilograms: _____

Prescriber information

Last name:

First name:

Vyepti

Injection

NPI number:

Phone number:

Fax number:

-

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Drug information

Drug name:

Drug form:

Drug strength:

Dosing frequency:

Length of therapy:

Quantity:

(Form continued next page.)

Member's first name:

[illegible]

- For renewal, complete the following questions to receive a 12-month approval:

- Prescriber signature (required)

Date _____

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