



**BlueCross
BlueShield**

VYEPTI
Federal Employee Program. **PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: **1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
PHYSICIAN COMPLETES						

Vyepti

(eptinezumab-jjmr)

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

How many vials will the patient need for a 90 day supply? _____ vial(s) per 90 days

1. What is the patient's diagnosis?

☐ Migraine

☐ Other diagnosis (*please specify*): _____

2. Is Vypeti being used for the prevention of migraines? ☐ Yes ☐ No

3. Is the patient currently using another calcitonin-gene-related peptide (CGRP) antagonist medication such as Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta, or Ubrelvy? ☐ Yes* ☐ No, not using another CGRP

***If YES**, is this a change or a request for an additional therapy? *Please select answer below:*

☐ Change from another CGRP (*please specify*): _____

☐ Request for additional therapy (*please specify*): _____

4. Has the patient been on Vyepti continuously for the last **4 months**, excluding samples? *Please select the answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Has the patient completed an adequate six month trial of at least **TWO** of the following prophylactic agents: divalproex sodium (Depakote, Depakote ER), topiramate (Topamax), amitriptyline (Elavil), venlafaxine (Effexor), or a beta-blocker which includes atenolol, metoprolol, nadolol, propranolol, or timolol? ☐ Yes ☐ No

b. Does the patient have an intolerance or contraindication to at least **ONE** of the following triptan agents: Amerge (naratriptan), Axert (almotriptan), Frova (frovatriptan), Imitrex (sumatriptan), Maxalt (rizatriptan), Relpax (eletriptan), or Zomig (zolmitriptan)? ☐ Yes ☐ No*

***If NO**, has the patient completed an adequate three month trial of at least **ONE** of the triptan agents? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

a. Has the patient had a documented decrease in migraine days from baseline **OR** an improvement in daily activities due to the reduction of debilitating migraines? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

**faster...
easier...
better...**

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

CVS/caremark 