



Member Name: _____ DOB: _____

Member ID (UMI): _____ ☐ Medicare ☐ Commercial

Address: _____

ORDERING/ATTENDING PROVIDER

Physician Name: _____ NPI: _____

Address: _____

Office Contact: _____ Phone Number: _____ Fax Number: _____

SITE OF CARE

Place of Service (please select one)

☐ Home Infusion ☐ Office – Professional ☐ Ambulatory Infusion Suite – Professional ☐ Outpatient Hospital

Is the site of care affiliated with a hospital or will the claim be billed as a facility claim? ☐ Yes ☐ No

Place of Service Name: _____ NPI: _____ Tax ID: _____

Address: _____

Phone Number: _____ Fax Number: _____

Drug Supplier (please select one)

☐ Supplied by a Specialty Pharmacy (for Home Infusion, Office – Professional, or Ambulatory Infusion Suite – Professional)

☐ Buy & Bill (for Office – Professional or Outpatient Hospital administration)

Pharmacy Name: _____ Pharmacy NPI: _____

DRUG/DIAGNOSIS INFORMATION

VYEPTI (J3032)

ICD10 Diagnosis Code(s): _____ Diagnosis Code Description: _____

Dose: _____ Frequency: _____ Number of visits requested: _____ Date of Service: _____

****Please verify member's eligibility and benefits through the health plan****

CLINICAL INFORMATION
How many days per month does the member experience <i>headache</i> ?
How many days per month does the member experience <i>migraine</i> ?
Are headaches caused by medication rebound or lifestyle issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this request prescribed by or in consultation with a neurologist or headache specialist? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the member tried and failed adequate trials of prophylactic therapy from at least two different therapy classes (ex: antiseizure, beta blocker, tricyclic antidepressant)? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> Please list all previous prophylactic therapies tried and failed, not tolerated or contraindicated: <div>_____</div> <div>_____</div>
If the treatment plan is to use two chemically distinct CGRP inhibitors in combination for preventive and acute use, does the prescriber attest the benefits of therapy outweigh the risks of concurrent use of both medications? <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> New Start	<input type="checkbox"/> Continuation of Therapy
	Date of last infusion: _____ <ul style="list-style-type: none"> Has the member had a reduction in the number of migraine days per month by at least 50% from baseline? <input type="checkbox"/> YES <input type="checkbox"/> NO The member has had a reduction in migraine days per month by at least _____ days from baseline

<p align="center">Please attach all pertinent clinical information</p> <p align="center">Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.