

**Request for Prior Authorization
Select Preventative Migraine
Treatments**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Preferred

Aimovig

Ajovy

Non-Preferred

Emgality

Nurtec ODT

Qulipta

Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis:

Chronic Migraine

Has patient experienced ≥ 15 headache days per month for a minimum of 3 months? Yes No

Has patient experienced ≥ 8 migraine headache days per month for a minimum of 3 months?

Yes No

Episodic Migraine:

Has patient experienced 4 to 14 migraine headache days per month for a minimum of 3 months?

Yes No

Episodic Cluster Headache (must document each criterion below):

Do cluster headaches occur with a frequency between one attack every other day and 8 attacks per day? Yes No

Has patient experienced at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods of ≥ 3 months? Yes No

Does patient have chronic cluster headache? Yes No

Episodic Cluster Headache treatment failures:

Glucocorticoid Trial: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Verapamil Trial: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Has patient been evaluated and medication overuse headache ruled out? Yes No

Is requested agent being used in combination with another CGRP inhibitor for the preventative treatment of migraine? Yes No

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Requests for Non-Preferred Agents: Document trial of a select preventative migraine agent

Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Renewal Requests: Document clinical response to therapy: _____

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.