



## PRIOR AUTHORIZATION REQUEST

### Oral CGRP Inhibitors

**Patient Information:**

Name:	
Member ID:	
Address:	
City, State, Zip:	
Date of Birth:	

**Prescriber Information:**

Name:	
NPI:	
Phone Number:	
Fax Number:	
Address:	
City, State, Zip:	

**Requested Medication**

Rx Name:	
Rx Strength:	
Rx Quantity:	
Rx Frequency:	
Rx Route of Administration:	
Diagnosis and ICD Code:	

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll-free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

**SECTION A:** Please note that supporting clinical documentation is required for ALL PA requests.

1    Is this request for initial therapy or for a continuation of therapy?  
        Initial (If checked, go to 8)  
        Continuation (If checked, go to 2)

2    Does the patient have a previously approved prior authorization (PA) on file with            Yes        No  
       the current plan?  
       [Note: If the patient does NOT have a previously approved PA on file for the  
       requested medication with the current plan, the renewal request will be considered  
       under initial therapy.]  
       [If no, skip to question 8.]

**If you have any  
 questions, call:  
 1-888-258-8250**

## PRIOR AUTHORIZATION REQUEST

- |   |   |     |    |
|---|---|-----|----|
| 3 | <p>Has the patient been taking the requested medication for at least 3 months and has experienced a clinically significant benefit from the medication, as documented by the prescriber? ACTION REQUIRED: Submit supporting documentation.</p> <p>[Note: Examples of clinically significant benefit include a reduction in the overall number of migraine days per month from the time that the requested medication was initiated, change from baseline in mean monthly Activity Impairment in Migraine-Diary (AIM-D) Performance of Daily Activities (PDA) domain scores, change from baseline in mean monthly AIM-D Physical Impairment (PI) domain scores across the 12-week treatment period, and the change from baseline at Week 12 for Migraine Specific Quality of Life Questionnaire version 2.1 (MSQ v2.1) Role Function-Restrictive (RFR) domain scores.]</p> <p>[If no, no further questions.]</p> | Yes | No |
| 4 | <p>What is the requested medication?</p> <p><input type="checkbox"/> Qulipta (If checked, go to 6)</p> <p><input type="checkbox"/> Ubrelvy (If checked, go to 7)</p> <p><input type="checkbox"/> Nurtec (If checked, go to 5)</p> <p><input type="checkbox"/> Other (If checked, no further questions)</p>  |     |    |
| 5 | <p>What is the diagnosis or indication?</p> <p><input type="checkbox"/> Migraine headache prevention (If checked, go to 6)</p> <p><input type="checkbox"/> Acute treatment of migraine with or without aura (If checked, go to 7)</p> <p><input type="checkbox"/> Other (If checked, no further questions)</p>  |     |    |
| 6 | <p>Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for acute migraine headache treatment?</p> <p>[Note: Calcitonin gene-related peptide CGRP inhibitors used for migraine headache treatment are Ubrelvy (ubrogepant), Nurtec (rimegepant), and Zavzpret (zavegepant).]</p> <p>[No further questions.]</p>   | Yes | No |
| 7 | <p>Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for migraine headache prevention?</p> <p>[Note: Calcitonin gene-related peptide CGRP inhibitors used for migraine headache prevention are Ajovy, Aimovig, Emgality, or Qulipta.]</p> <p>[No further questions.]</p>   | Yes | No |
| 8 | <p>Is the requested medication prescribed by or in consultation with a neurologist?</p> <p>[If no, no further questions.]</p>   | Yes | No |
| 9 | <p>Is the patient 18 years of age or older?</p>   | Yes | No |

**If you have any  
questions, call:  
1-888-258-8250**

PRV 03.24.25.05

# PRIOR AUTHORIZATION REQUEST

[If no, no further questions.]

- |    |  |     |    |
|----|--|-----|----|
| 10 | What is the requested medication?<br><input type="checkbox"/> Qulipta (If checked, go to 11)<br><br><input type="checkbox"/> Ubrelvy (If checked, go to 16)<br><br><input type="checkbox"/> Nurtec (If checked, go to 20)<br><br><input type="checkbox"/> Other (If checked, no further questions)   |     |    |
| 11 | What is the diagnosis or indication?<br><input type="checkbox"/> Migraine headache prevention (If checked, go to 12)<br><br><input type="checkbox"/> Other (If checked, no further questions)  |     |    |
| 12 | Does the patient have greater than or equal to 4 migraine headache days per month?<br>[If no, no further questions.]   | Yes | No |
| 13 | Has the patient experienced failure of at least TWO beta-blockers for 8 weeks, unless contraindicated due to drug allergy or serious drug interaction?<br>[Note: Examples of beta-blockers include metoprolol, propranolol, timolol.]<br>[If no, no further questions.]  | Yes | No |
| 14 | Has the patient experienced failure of at least TWO of the following, for 12 weeks, unless contraindicated due to drug allergy or serious drug interaction: A) Ajovy, B) Aimovig, C) Emgality?<br>[If no, no further questions.]   | Yes | No |
| 15 | Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for acute migraine headache treatment?<br>[Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine headache treatment are Ubrelvy (ubrogepant), Nurtec (rimegepant), and Zavzpret (zavegepant).]<br>[No further questions.]                         | Yes | No |
| 16 | What is the diagnosis or indication?<br><input type="checkbox"/> Acute treatment of migraine with or without aura (If checked, go to 17)<br><br><input type="checkbox"/> Other (If checked, no further questions)  |     |    |
| 17 | Has the patient tried and failed at least TWO formulary triptan therapies at maximally tolerated doses for a duration of 8 weeks, unless contraindicated or clinically significant adverse effects are experienced?<br>[Note: Examples of formulary triptan therapies include rizatriptan, sumatriptan, zolmitriptan.]<br>[If no, no further questions.] | Yes | No |

**If you have any  
questions, call:  
1-888-258-8250**

## PRIOR AUTHORIZATION REQUEST

18	<p>Does the patient have a contraindication to triptan(s) as documented by the prescriber? <b>ACTION REQUIRED:</b> Submit supporting documentation.          [Note: Examples of contraindications to triptans include a history of coronary artery disease, cardiac accessory conduction pathway disorders, history of stroke, transient ischemic attack, hemiplegic or basilar migraine, peripheral vascular disease, ischemic bowel disease, uncontrolled hypertension, or severe hepatic impairment.]          [If no, no further questions.]</p>	Yes	No
19	<p>Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for migraine headache prevention?          [Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine headache prevention are Ajovy, Aimovig, Emgality or Qulipta.]          [No further questions.]</p>	Yes	No
20	<p>What is the diagnosis or indication?  <input type="checkbox"/> Migraine headache prevention (If checked, go to 21)   <input type="checkbox"/> Acute treatment of migraine with or without aura (If checked, go to 25)   <input type="checkbox"/> Other (If checked, no further questions)</p>		
21	<p>Does the patient have greater than or equal to 4 migraine headache days per month?          [If no, no further questions.]</p>	Yes	No
22	<p>Has the patient experienced failure of at least TWO beta-blockers, for 8 weeks, unless contraindicated due to drug allergy or serious drug interaction?          [Note: Examples of beta blockers include metoprolol, propranolol, timolol.]          [If no, no further questions.]</p>	Yes	No
23	<p>Has the patient experienced failure of at least TWO of the following, for 12 weeks, unless contraindicated due to drug allergy or serious drug interaction: A) Ajovy, B) Aimovig, C) Emgality?          [If no, no further questions.]</p>	Yes	No
24	<p>Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for acute migraine headache treatment?          [Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine headache treatment are Ubrelvy (ubrogepant), Nurtec (rimegepant), and Zavzpret (zavegepant).]          [No further questions.]</p>	Yes	No
25	<p>Has the patient tried and failed at least TWO formulary triptan therapies at maximally tolerated doses for a duration of 8 weeks unless contraindicated or clinically significant adverse effects are experienced?          [Note: Examples of formulary triptan therapies include rizatriptan, sumatriptan, zolmitriptan.]</p>	Yes	No

**If you have any  
 questions, call:  
 1-888-258-8250**

PRV 03.24.25.05

# PRIOR AUTHORIZATION REQUEST

[If no, no further questions.]

- |    |   |     |    |
|----|---|-----|----|
| 26 | Does the patient have a contraindication to triptan(s) as documented by the prescriber? <b>ACTION REQUIRED:</b> Submit supporting documentation.<br>[Note: Examples of contraindications to triptans include a history of coronary artery disease, cardiac accessory conduction pathway disorders, history of stroke, transient ischemic attack, hemiplegic or basilar migraine, peripheral vascular disease, ischemic bowel disease, uncontrolled hypertension, or severe hepatic impairment.]<br>[If no, no further questions.] | Yes | No |
| 27 | Will the patient also be taking a calcitonin gene-related peptide (CGRP) inhibitor for migraine headache prevention?<br>[Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine headache prevention are Ajovy, Aimovig, Emgality, or Qulipta.]   | Yes | No |

***Please document the diagnoses, symptoms, and/or any other information important to this review:***

## **SECTION B:** Physician Signature

PHYSICIAN SIGNATURE

DATE

**FAX COMPLETED FORM TO: 1-833-896-0656**

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

**If you have any  
questions, call:  
1-888-258-8250**

PRV 03.24.25.05



## PRIOR AUTHORIZATION REQUEST

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

**If you have any  
questions, call:  
1-888-258-8250**

PRV 03.24.25.05