

Request for Prior Authorization
ACUTE MIGRAINE TREATMENTS
(PLEASE PRINT – ACCURACY IS IMPORTANT)

For Non-Preferred Agents Requiring PA: document trials with two preferred agents that do not require PA and a preferred GGRP inhibitor trial, if applicable

Preferred Trial 1: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Preferred Trial 2: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Preferred CGRP Inhibitor Trial: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

For quantities exceeding the established quantity limit: document current prophylactic therapy or previous trials and therapy failures with two different prophylactic medications

Preferred Prophylactic Trial 1: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Preferred Prophylactic Trial 2: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

For Non-Preferred Combination Products: document trials and therapy failures with the individual ingredients (in addition to above criteria for preferred or non-preferred treatments requiring PA)

Trial 1: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Trial 2: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Medical or contraindication reason to override trial requirements: _____

Reason for use of Non-Preferred drug requiring prior approval: _____

Other medical conditions to consider: _____

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.