

Pharmacy Prior Authorization Form

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Migraine Abortive Medication- Supplemental Supply

Urgent Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Medication Requested:

Dose:

Background¹: Prophylactic migraine treatment is indicated if the headaches are frequent, long lasting, or account for a significant amount of total disability. The AAN practice parameter² notes that the goals of preventive therapy are to:

- Reduce attack frequency, severity and duration
- Improve responsiveness to treatment of acute attacks
- Improve function and reduce disability

The following factors may indicate the need for prophylactic therapy:

- Recurring migraines that significantly interfere with daily routine in the patient's opinion, despite acute treatment
- Contraindication to or failure or overuse of acute therapies
- Adverse events with acute therapies
- Patient preference

Based on expert consensus, prophylactic therapy also should be considered to prevent neurologic damage in the presence of uncommon migraine conditions including:

- Hemiplegic migraine
- Basilar type migraine
- Migraine with prolonged aura
- Migrainous infarction

Priority Health precertification requirements:

Quantity limits for migraine abortive medications:

- Authorization of Imitrex is limited to:
 - 18 tablets per 30 days
 - 6 injections (3 mls) per 30 days
 - 2 nasal spray boxes per 30 days (20 mg)
 - 4 nasal spray boses per 30 days (40 mg)
- Authorization of Maxalt and Zomig is limited to:
 - 18 tablets per 30 days
- Authorization of Relpax is limited to:
 - 12 tablets per 30 days

Requests for quantity overrides require:

- Patient must be receiving at least one prophylactic agent

Please Complete the Following Information:

Request is for quantity override:

- Yes – Quantity requested: _____
 No

If requesting quantity override, patient is taking one of the following prophylactic therapies (check which applies):

Beta Blockers

- atenolol
 metoprolol
 nadolol
 propranolol
 timolol maleate

Calcium Channel Blockers

- diltiazem
 nimodipine
 verapamil HCl

Anticonvulsants

- divalproex sodium (Depakote)
 valproic acid (Depakene)
 topiramate (Topamax)
 gabapentin

Tricyclic Antidepressants

- amitriptyline
 doxepine
 imipramine

Duration of approval:

- When approved, authorization will be granted for one year
- Continued authorization requires patient to be compliant with prophylactic therapy

References:

1. UpToDate. Preventive Treatment of Migraines in Adults. Accessed October 19, 2007.
2. Silberstein, SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2000; 55:754.

*** All fields must be complete and legible for Prior Authorization Review***

**Please fax this request to: (877)974-4411 toll free or (616)942-8206
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**