

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Aimovig™ (erenumab-aooe) / Emgality™ (galcanezumab-gnlm)

Member

Last Name: _____

First Name: _____

ID #: _____

DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____

Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____

Contact Name: _____

Date: _____

Product Information

New Request Continuation Request

Drug product:

Aimovig 70 mg

Aimovig 140 mg

Emgality 120 mg

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for Aimovig™ and Emgality™ are \$575.00 each month.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for the prevention of migraine headaches
2. Must experience 4 or more migraines per month
3. Must be age 18 or older
4. Must have tried and failed at least 1 agent in the 3 following groups of prophylactic treatment options (minimum of 28 days for each):
 - Blood pressure agents: Propranolol, timolol, or metoprolol
 - Antidepressant agents: Amitriptyline or nortriptyline
 - Antiepileptic drugs: Topiramate or valproic acid and its derivatives
5. For the prevention of chronic migraine*, must have tried and failed botulinum toxin in addition to the above
 - * Chronic migraine means the patient's headaches are disabling and occur on 15 days or more each month, lasting four hours each day or longer.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Prevention of migraine headache
 - Other – the patient’s condition is: _____
- Rationale for use: _____

B. Does the patient experience 4 or more migraines per month?

- Yes
- No – rationale for use: _____

C. Which of the following agents has the patient had a trial and failure with:

Blood Pressure Agents

	Dose	Dates	Outcome
<input type="checkbox"/> Propranolol	_____	_____	_____
<input type="checkbox"/> Timolol	_____	_____	_____
<input type="checkbox"/> Metoprolol	_____	_____	_____

Antidepressant Agents

	Dose	Dates	Outcome
<input type="checkbox"/> Amitriptyline	_____	_____	_____
<input type="checkbox"/> Nortriptyline	_____	_____	_____

Antiepileptic Agents

	Dose	Dates	Outcome
<input type="checkbox"/> Topiramate	_____	_____	_____
<input type="checkbox"/> Valproic acid	_____	_____	_____

- Not all requirements are met – Below is rationale for use:

D. Is the patient being treated for the prevention of CHRONIC* migraine?

Chronic migraine means the patient’s headaches are disabling and occur on 15 days or more each month, lasting four hours each day or longer.

- Yes
 - If yes, has the patient had a trial and failure with botulinum toxin?
 - Yes
 - No; Rationale for use: _____

- No

Additional information

Note: Aimovig and Emgality are not covered in combination with Botox or any other branded prophylactic agent. Additionally, “needle phobia” or “needle fatigue” is not considered an intolerance or contraindication to Botox therapy.