



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**. Pharmacy prior authorization reviews can be subject to trial with additional medications that are not listed within the criteria. The policies are subject to change based on COMAR requirements, MDH transmittals and updates to treatment guidelines.

- | | | |
|---|---|-------------|
| 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 the current plan? | Yes No |
| | [Note: If the patient does NOT have a previously approved PA on file for the | |

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requested medication with the current plan, the renewal request will be considered under initial therapy.]
[If no, skip to question 8.]

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|---|---|-----|----|
| 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>☐ Qulipta (If checked, go to 6)</p> <p>☐ Ubrelvy (If checked, go to 7)</p> <p>☐ Nurtec (If checked, go to 5)</p> <p>☐ Other (If checked, no further questions)</p> | | |
| 5 | <p>What is the diagnosis or indication?</p> <p>☐ Migraine headache prevention (If checked, go to 6)</p> <p>☐ Acute treatment of migraine with or without aura (If checked, go to 7)</p> <p>☐ Other (If checked, no further questions)</p> | | |
| 6 | <p>Will the requested medication be prescribed concurrently with Botox or other calcitonin gene-related peptide (CGRP) inhibitors?</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 |

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8	Is the requested medication prescribed by or in consultation with a neurologist? [If no, no further questions.]	Yes	No
9	Is the patient 18 years of age or older? [If no, no further questions.]	Yes	No
10	What is the requested medication? ☐ Qulipta (If checked, go to 11) ☐ Ubrelvy (If checked, go to 16) ☐ Nurtec (If checked, go to 20) ☐ Other (If checked, no further questions)		
11	What is the diagnosis or indication? ☐ Migraine headache prevention (If checked, go to 12) ☐ Other (If checked, no further questions)		
12	Does the patient have greater than or equal to 4 migraine headache days per month? [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? [Note: Examples of beta-blockers include metoprolol, propranolol, timolol.] [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? [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? [Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine headache treatment are Ubrelvy (ubrogepant), Nurtec (rimegepant), and Zavzpret (zavegepant).] [No further questions.]	Yes	No
16	What is the diagnosis or indication? ☐ Acute treatment of migraine with or without aura (If checked, go to 17) ☐ Other (If checked, no further questions)		

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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? [Note: Examples of formulary triptan therapies include rizatriptan, sumatriptan, zolmitriptan.] [If yes, skip to question 19.]	Yes	No
18	Does the patient have a contraindication to triptan(s) as documented by the prescriber? ACTION REQUIRED: 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.]	Yes	No
19	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.]	Yes	No
20	What is the diagnosis or indication? ☐ Migraine headache prevention (If checked, go to 21) ☐ Acute treatment of migraine with or without aura (If checked, go to 25) ☐ Other (If checked, no further questions)		
21	Does the patient have greater than or equal to 4 migraine headache days per month? [If no, no further questions.]	Yes	No
22	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.]	Yes	No
23	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.]	Yes	No
24	Will the requested medication be prescribed concurrently with Botox or other calcitonin gene-related peptide (CGRP) inhibitors (for example, Ajovy, Emgality, Ubrelvy, Nurtec, Qulipta)? [Note: Calcitonin gene-related peptide (CGRP) inhibitors used for migraine	Yes	No



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headache treatment are Ubrelvy (ubrogepant), Nurtec (rimegepant), and Zavzpret (zavegepant).]
[No further questions.]

- | | | | |
|----|--|-----|----|
| 25 | 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.]
[If yes, skip to question 27.] | Yes | No |
| 26 | Does the patient have a contraindication to triptan(s) as documented by the prescriber? ACTION REQUIRED: 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.] | Yes | No |
| 27 | 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.] | 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.

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