## MIGRAINE ACUTE TREATMENT AGENTS PRIOR AUTHORIZATION FORM



AmeriHealth Caritas Pennsylvania PERFORMR<sup>®</sup> Next Generation Pharmacy Benefits

(form effective 1/6/2025)

Fax to PerformRx<sup>™</sup> at **1-855-851-4058**, or to speak to a representative call **1-888-674-8720**.

PRIOR AUTHORIZ	ATION REQUE	ST INFORMATION						
🗆 New request 🛛 🗆 Re	enewal request	Total # of pages:						
Name of office contact:			Contact's phone number:		LTC fa	LTC facility contact/phone:		
PATIENT INFORM	ATION							
Patient name:			Patient ID #:			DOB:		
Street address:								
Apt #:	City/state/zip:				Phone:			
PRESCRIBER INFO	ORMATION							
Prescriber name:								
Specialty:			NPI:			State license #:		
Street address:								
Suite #:	City/state/zip:	E						
Phone:			Fax:					
CLINICAL INFORM	1ATION		·					
Refer to https://papdl.co	m/preferred-drug-lis	<b>st</b> for a list of preferred and non-p	preferred drugs in	this class.				
Preferred:			Nor	n-Preferred	:			
🗆 Eletriptan Tablet		Sumatriptan Pen Injector		Almotriptan	Tablet	[	🗆 Migranal Nasal Spray	
🗆 Naratriptan Tablet		🗆 Sumatriptan Tablet		Diclofenac	Potassium Powder Packet	1	□ Relpax Tablet	
🗆 Nurtec (rimegepant) OI	тс	🗆 Sumatriptan Vial		Dihydroergo	otamine Mesylate Ampule	1	□ Reyvow Tablet	
🗆 Rizatriptan ODT		🗆 Ubrelvy Tablet		Dihydroergo	otamine Mesylate Nasal Sp	oray 1	Sumatriptan-Naproxen Tablet	
🗆 Rizatriptan Tablet		🗆 Zolmitriptan ODT		Elyxyb Solu	tion	1	🗆 Tosymra Nasal Spray	
🗆 Sumatriptan Cartridge		🗆 Zolmitriptan Tablet		Frova Table	t	1	🗆 Trudhesa Nasal Spray	
🗆 Sumatriptan Nasal Spr	ay			Frovatriptar	n Tablet	1	🗆 Zavzpret Nasal Spray	
				mitrex Carl	tridge	1	Zembrace Symtouch	
				mitrex Pen	Injector	1	Zolmitriptan Nasal Spray	
				mitrex Tabl	et	1	□ Zomig Nasal Spray	
				Maxalt Tabl	et	1	□ Zomig Tablet	
				Maxalt MLT				
Strength and dosage form	1:							
Dose/directions:				Quantity		I	Refills:	
Diagnosis ( <u>submit docum</u>	<i>entation</i> ):					I	Dx code <u>(required)</u> :	
INITIAL REQUEST	S							
lf the s		Please complete either th				°C /D A II	V DOCT LIMITC continu	
		on exceeds the quantity limits/	daily dose limits,	also com	Diete the QUANITIY LIMIT	S/DAIL	Y DUSE LIMITS section.	
1. For a NON-PREFERRED MIGRAINE ACUTE TREATMENT AGENT   For a non-preferred TRIPTAN:								
		cation or an intolerance to the prefe ed-drug-list for a list of preferred a		trintono in t	the Migraine Acute Treatme	nt Agon		
$\Box$ List medicatio		eu-ulug-list iol a list of preferreu a	anu non-preieneu	uiptans in t	në migranië Acute neatine	ni Ayen	15 Class.)	
□ For a non-preferre		on or an intolerance to the preferre	od CEDANTS (Dofo	to https://	and an /proforrad drug	iot for a	liat of proformed	
		raine Acute Treatment Agents class		to nups.//	Japui.com/preferreu-urug-r	151 101 8		
List medications tried: For ALL OTHER non-preferred Migraine Acute Treatment Agents other than triptans and gepants (e.g., ditans, ergot alkaloids, etc.):								
Tried and failed or has a contraindication or an intolerance to the preferred drugs in this class that are approved or medically accepted for the treatment of								
the beneficiary's		ttps://papdl.com/preferred-drug-lis	st for a list of prefe	erred and no	on-preferred drugs in the M	igraine	Acute Treatment Agents class.)	
For a GEPANT/SM/	ALL MOLECULE CGRP	NHIBITOR (e.g., Nurtec ODT, Ub						
Tried and failed a	at least 2 triptans (e.g.	, rizatriptan, sumatriptan, etc.) or h	nas a contraindicat	tion or intole	erance to triptans			



## INITIAL REQUESTS

For a DITAN/5HT1 RECEPTOR AGONIST (e.g., Reyvow)	
Tried and failed or has a contraindication or intolerance to the preferred triptans (refer to https://papdl.com/preferred-drug-list for a list of	preferred and
non-preferred triptans in the Migraine Acute Treatment Agents class)	
□ List medicadolis medi: □ For an ERGOT ALKALOID (e.g., Cafergot, D.H.E., Migranal, etc.)	
□ Tried and failed or has a contraindication or intolerance to the following:	
$\Box$ caffeine/analgesic combination (e.g., Excedrin)	
🗆 triptans	
$\Box$ a combination of an NSAID with a triptan	
□ other:	
RENEWAL REQUESTS	a a a b ita w
Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for	r each item.
Experienced improvement in headache pain, symptoms, or duration_	
For a NON-PREFERRED MIGRAINE ACUTE TREATMENT AGENT For a non-preferred TRIPTAN:	
Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS (Refer to https://papdl.com/preferred-drug-list fo	r a list of preferred and non-preferred
triptans in the Migraine Acute Treatment Agents class.)	
List medications tried:	
□ For a non-preferred GEPANT:	
Tried and failed or has a contraindication or an intolerance to the preferred GEPANTS (Refer to https://papdl.com/preferred-drug-list for generate in the Migraine Acute Treatment Acute Jacob	r a list of preferred and non-preferred
gepants in the Migraine Acute Treatment Agents class.) □ List medications tried:	
□ List medications theo □ For ALL OTHER non-preferred Migraine Acute Treatment Agents other than triptans and gepants (e.g., ditans, ergot alkaloids, et	c.):
□ Tried and failed or has a contraindication or an intolerance to the preferred drugs in this class that are approved or medically accepted	
diagnosis (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in the Migraine Acute Treatmer	, j
List medications tried:	
QUANTITY LIMITS/DAILY DOSE LIMITS REQUESTS	
All requests that exceed the quantity limits/daily dose limits require prior authorization.	
Is the requested medication prescribed by a neurologist or specialist certified in headache medicine by the United Council for Neurologic Subsp	ecialties (UCNS)? 🗆 Yes 🗆 No
Is the requested medication prescribed by a neurologist or specialist certified in headache medicine by the United Council for Neurologic Subsp Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature? $\Box$ Yes $\Box$ No. S	
Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature? 🗆 Yes 🗆 No S	ubmit documentation.
Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature?  Yes No S I. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each	ubmit documentation.
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