## MIGRAINE ACUTE TREATMENT AGENTS PRIOR AUTHORIZATION FORM



PERFORMR<sup>®</sup> Next Generation Pharmacy Benefits

(form effective 1/6/2025)

Fax to PerformRx<sup>™</sup> at **1-888-981-5202**, or to speak to a representative call **1-866-610-2774**.

PRIOR AUTHORI	ZATION REQU	EST INFORMATION						
🗆 New request 🛛 🗆 R	Renewal request	Total # of pages:						
Name of office contact:		Contact's phone number:		LTC facility contact/phone:				
PATIENT INFORM	1ATION							
Patient name:			Pa	atient ID #:			DOB:	
Street address:					1			
Apt #:	City/state/zip:				Phone:			
PRESCRIBER INF	ORMATION							
Prescriber name:								
Specialty:			NPI:			State license #:		
Street address:								
Suite #:	City/state/zip:							
Phone:			Fa	Fax:				
CLINICAL INFOR	MATION							
Refer to https://papdl.cr	om/preferred-drug-	list for a list of preferred and non-p	preferred drugs	in this class				
Preferred:			N	Non-Preferred:				
🗆 Eletriptan Tablet		🗆 Sumatriptan Pen Injector		Almotripta	n Tablet	[	□ Migranal Nasal Spray	
🗆 Naratriptan Tablet		🗆 Sumatriptan Tablet		Diclofenad	Potassium Powder Packet	0	🗆 Relpax Tablet	
□ Nurtec (rimegepant) ODT		🗆 Sumatriptan Vial		Dihydroer	otamine Mesylate Ampule	E	☐ Reyvow Tablet	
🗆 Rizatriptan ODT		🗆 Ubrelvy Tablet		Dihydroer	gotamine Mesylate Nasal Sp	oray 🛛	Sumatriptan-Naproxen Tablet	
🗆 Rizatriptan Tablet		🗆 Zolmitriptan ODT		Elyxyb Sol	ution	0	⊐ Tosymra Nasal Spray	
Sumatriptan Cartridge		🗆 Zolmitriptan Tablet		Frova Tabl			□ Trudhesa Nasal Spray	
Sumatriptan Nasal Spray				🗆 Frovatriptan Tablet			□ Zavzpret Nasal Spray	
				Imitrex Ca	Ū.		□ Zembrace Symtouch	
				Imitrex Pe	•		□ Zolmitriptan Nasal Spray	
				Imitrex Tal			□ Zomig Nasal Spray	
				Maxalt Tat			□ Zomig Tablet	
Other with a well do a sing form				Maxalt ML				
Strength and dosage for	<u>n:</u>			Quantit		r	Refills:	
Dose/directions:				Quantit	y.			
Diagnosis ( <u>submit docun</u>							Dx code <u>(required)</u> :	
INITIAL REQUES	TS	Diagon complete either th		oto or DEN	EWAL requests section			
If the	requested prescript	Please complete either th tion exceeds the quantity limits/o				rs/dail	Y DOSE LIMITS section.	
1. For a NON-PREFERR		E TREATMENT AGENT						
□ For a non-preferred TRIPTAN: □ Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS								
(Refer to htt	tps://papdl.com/prefer	rred-drug-list for a list of preferred a		d triptans in	the Migraine Acute Treatme	nt Agent	ts class.)	
List medicati								
Tried and failed	l or has a contraindicat	ation or an intolerance to the preferre		er to https:/	/papdl.com/preferred-drug-	list for a	list of preferred	
and non-preferred gepants in the Migraine Acute Treatment Agents class.)								
🗆 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 diagnosis (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in the Migraine Acute Treatment Agents class.)								
□ List medication	ns tried:		•					
		<b>RP INHIBITOR (e.g., Nurtec ODT, Ub</b> g., rizatriptan, sumatriptan, etc.) or h		ation or into	lerance to triptans			



## INITIAL REQUESTS

<ul> <li>For a DITAN/5HT1 RECEPTOR AGONIST (e.g., Reyvow)</li> <li>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 a second preferred triptane in the Niteraina Automatic Tenderate Acoust Aco</li></ul>	preferred and
non-preferred triptans in the Migraine Acute Treatment Agents class)   List medications tried:	
🗆 For an ERGOT ALKALOID (e.g., Cafergot, D.H.E., Migranal, etc.)	
□ Tried and failed or has a contraindication or intolerance to the following: □ caffeine/analgesic combination (e.g., Excedrin)	
SAIDs	
□ a combination of an NSAID with a triptan □ other:	
RENEWAL REQUESTS	- cook itom
Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for	reach nem.
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 triptans in the Migraine Acute Treatment Agents class.)	r a list of preferred and non-preferred
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 fo gepants in the Migraine Acute Treatment Agents class.)	r a list of preferred and non-preferred
List medications tried:	
□ For ALL OTHER non-preferred Migraine Acute Treatment Agents other than triptans and gepants (e.g., ditans, ergot alkaloids, et	
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 Treatment	
□ 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)? $\Box$ Yes $\Box$ 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 1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each	ubmit documentation.
Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature? Yes No S 1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each of the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.)	ubmit documentation.
Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature? Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature? No S I. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each and the sequest and SUBMIT DOCUMENTATION for each and the sequest and support of the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.) Will be using the requested medication with at least one medication for migraine prevention – specify: anticonvulsant (e.g., topiramate, valproate derivative)	ubmit documentation.
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Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature?       Yes       No       S         1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each       Was evaluated for the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.)       Will be using the requested medication with at least one medication for migraine prevention – specify:         anticonvulsant (e.g., topiramate, valproate derivative)       anticonvulsant (e.g., metoprolol, propranolol, timolol)         beta blocker (e.g., metoprolol, propranolol, timolol)       botulinum toxin (e.g., Botox, Dysport)         CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)       gepant (e.g., Nurtec ODT, Qulipta)         other:       anticonvulsant (e.g., SNRI, TCA)         beta blocker (e.g., metoprolol, propranolol, timolol)       botulinum toxin (e.g., topiramate, valproate derivative)         anticonvulsant (e.g., Nurtec ODT, Qulipta)       other:         CRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)       gepant (e.g., Murtec ODT, Qulipta)         botulinum toxin (e.g., Botox, Dysport)       CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)         gepant (e.g., Nurtec ODT, Qulipta)       other:         antidepressant (e.g., Nurtec ODT, Qulipta)       other:         gepant (e.g., Nurtec ODT, Qulipta)       other:         Has an intolerance or a contraindication to	ubmit documentation.
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is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature?       Yes       No       S         1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each       Will be using the requested medication with at least one medication (e.g., opioids, triptans, butalbital, etc.)       Will be using the requested medication with at least one medication for migraine prevention – specify:         anticonvulsant (e.g., topiramate, valproate derivative)       anticonvulsant (e.g., metoprolol, propranolol, timolol)         bottulinum toxin (e.g., Botox, Dysport)       CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)       gepant (e.g., Nurtec ODT, Qulipta)         other:	ubmit documentation.
Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature?       Yes       No       S         1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for eac         Was evaluated for the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.)       Will be using the requested medication with at least one medication for migraine prevention – specify:         anticonvulsant (e.g., SNR, TCA)       beta blocker (e.g., metoprolol, propranolol, timolol)         botulinum toxin (e.g., Botox, Dysport)       CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)         gepant (e.g., Nurtec ODT, Qulipta)       other:         Tried and failed preventive migraine medications – specify:       antidepressant (e.g., SNRI, TCA)         botulinum toxin (e.g., Botox, Dysport)       CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)         gepant (e.g., netoprolol, propranolol, timolol)       botulinum toxin (e.g., Rotox, Dysport)         CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)       gepant (e.g., Nurtec ODT, Qulipta)         other:	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 eac Was evaluated for the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.) Will be using the requested medication with at least one medication for migraine prevention – specify: anticonvulsant (e.g., topiramate, valproate derivative) antidepressant (e.g., Nurtec ODT, Qulipta) other: anticonvulsant (e.g., Nurtec ODT, Qulipta) beta blocker (e.g., metoprolol, propranolol, timolol) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality) gepant (e.g., Nurtec ODT, Qulipta) botulinum toxin (e.g., stox, Dysport) GRP monoclonal antibody (e.g., Aimovig	ubmit documentation.

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