Fax completed prior authorization request form to 855-247-3677 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. **Incomplete forms or forms without the chart notes will be returned**

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/rbha-forproviders/pharmacy

Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

REQUIRED: Office notes, labs and medical testing relevant to request showing medical justification are required to support diagnosis

Member Information			
Member Name (first & last):	Date of Birth:	Gender: ☐ Male ☐ Female	Height:
Member ID:	City:	State:	Weight:

Prescribing Provider Information			
Provider Name (first & last):	Specialty:	NPI#	DEA#
Office Address:	City:	State:	Zip Code:
Office Contact:	Office Phone	Office Fax:	

Dispensing Pharmacy Information		
Pharmacy Name:	Pharmacy Phone:	Pharmacy Fax:

Requested Medication Information					
Preferred Agents:	☐ **Ajovy**	☐ **Emgality 120mg/mL syringe and Pen ONLY**			
Non-Preferred Agents:	☐ Aimovig	☐ Nurtec ODT	☐ Ubrelvy	☐ Vyepti	☐ Other, please specify:
Medication request is NOT for an FDA approved, or compendia-supported diagnosis (circle one): ☐ Yes ☐ No	ICD-10 Code:	Diagnosis:			
What medication(s) have been tried and failed for diagnosis? (please specify):					
Are there any contraindications to formulary medications? (if yes, please specify)	☐ Yes	☐ No	☐ Initial Request	☐ Continuation of Therapy Request	

RENEWAL Requests ONLY:				
☐ **PREVENTATIVE treatment**				
Is there documentation of reduction in migraine headache days from baseline?	☐ Yes	☐ No		
☐ **ACUTE treatment**				
Is there documentation of improvement shown through provider clinical assessment?	☐ Yes	☐ No		
☐ Will medication be used in COMBO with another CGRP antagonist OR with Botox?	☐ Yes	☐ No		
☐ **Aimovig 140mg ONLY:**			☐ **Vyepti 300mg ONLY:**	
Was there trial and failure with Aimovig 70mg?	☐ Yes	☐ No	Was there trial and failure with Vyepti 100mg?	☐ Yes ☐ No

Turn-Around Time for Review	
☐ Standard – (24 hours)	☐ **Urgent** – If waiting 24 hours for a standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision. Signature: _____

Clinical Information					
Directions for Use:	Strength:	Dosage Form:			
	Quantity:	Day Supply:	Duration of Therapy/Use:		
Was there documented trial and failure OR contraindication to Ajovy AND Emgality?	☐ Yes	☐ No	Will medication requested be used in COMBO with another CGRP antagonist OR Botox?	☐ Yes	☐ No
☐ **Aimovig 140mg ONLY:**	Did member have trial and failure with Aimovig 70mg?			☐ Yes	☐ No

☐ **Vyepti 300mg ONLY:**	Did member have trial and failure with Vyepti 300mg?	☐ Yes	☐ No

Chronic Migraine

☐ Aimovig	☐ Emgality	☐ Ajovy	☐ Vyepti

Are headaches occurring on 15 OR MORE days per month with at least 8 migraine days per month for > 3 months?	☐ Yes	☐ No

There is documented inadequate response OR intolerable side effect to at least 2 medications for migraine prophylaxis from 2 different classes, for at least 2 months (check that apply):	☐ Beta Blockers: Propranolol, metoprolol, atenolol, timolol, nadolol ☐ Anticonvulsants: Valproic acid, divalproex, topiramate ☐ Antidepressants: Amitriptyline, nortriptyline, venlafaxine, duloxetine

Episodic Migraine

☐ Aimovig	☐ Emgality	☐ Ajovy	☐ Vyepti

Does member have headaches occurring LESS THAN 15 days per month, with 4 to 14 migraine days per month?	☐ Yes	☐ No

There is documented inadequate response OR intolerable side effect to at least 2 medications for migraine prophylaxis from 2 different classes, for at least 2 months (check that apply):	☐ Beta Blockers: Propranolol, metoprolol, atenolol, timolol, nadolol ☐ Anticonvulsants: Valproic acid, divalproex, topiramate ☐ Antidepressants: Amitriptyline, nortriptyline, venlafaxine, duloxetine

Acute Migraines

☐ Ubrelvy			☐ Nurtec ODT			
Will requested medication be used for moderate or severe pain intensity?	☐ Yes	☐ No	Is CrCl < 15mL/min?	☐ Yes	☐ No
Is there documented inadequate response OR intolerable side effects with at least 2 triptans?	☐ Yes	☐ No	Is there contraindication to triptan use?	☐ Yes	☐ No
☐ Ubrelvy ONLY:					
Does member experience MORE THAN 8 migraine days per month?	☐ Yes	☐ No	Is there End Stage Renal Disease (CrCl < 15 mL/min)?	☐ Yes	☐ No
☐ Nurtec ODT ONLY:					
Does member experience MORE THAN 15 migraine days per month?	☐ Yes	☐ No	Is there severe hepatic impairment (Child-Pugh class C)?	☐ Yes	☐ No

Does member have End Stage Renal Disease (CrCl <15 mL/min OR is on hemodialysis?	☐ Yes	☐ No

Episodic Cluster Headache

☐ Emgality		
Are headaches occurring at MAX of 8 attacks per day OR MIN of 1 attack every other day?	☐ Yes	☐ No
☐ **PREVENTATIVE TREATMENT**		
Was there trial and failure with verapamil?	☐ Yes	☐ No
☐ **ACUTE TREATMENT**		
Was there trial and failure with sumatriptan (nasal or subcutaneous)?	☐ Yes	☐ No

Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records

Signature affirms that information given on this form is true and accurate and reflects office notes.

Prescribing Provider's Signature: _____ **Date:** _____

Please note: Incomplete forms or forms without the chart notes will be returned

Office notes, labs, and medical testing relevant to the request that show medical justification are required.

Standard turnaround time is 24 hours. You can call 800-564-5465 to check the status of a request.