State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form

ACUTE MIGRAINE

Phone: 1-888-445-0497 **ONE Drug Per Form ONLY – Use Black or Blue Ink** Fax: 1-888-879-6938

Member ID #: |__|__|__|__|__|__|__|__|__|__| Patient Name: ______________________ DOB: __________
(NOT MEDICARE NUMBER)
Patient Address:____

Provider DEA: |__|__|__|__|__|__|__|__|__|__| Provider NPI: __|__|__|__|__|__|__|__|__|__|

Provider Name:______________________________ Phone:____________

Provider Address:____________________________ Fax:______________

Pharmacy Name:______________Rx Address:________________Rx phone:__________

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: __|__|__|__|__|__|__|__|__|__| NABP: |__|__|__|__|__|__|__| NDC: |__|__|__|__|__|__|__|__|__|__|__|

Drugs requiring PA after monthly limits have been exceeded. Requests for Imitrex Tabs should be done using the Brand PA form and dosing limits will still apply. Treximet only available if component ingredients of sumatriptan and naproxen are unavailable.

(All step 1 oral medications must be tried prior to non-preferred oral medications.)

Drug (Step Order)	Form/ Strength/ Limits	Dosage Instructions	Quantity	Days Supply (34 retail / 90 mail order)	Circle Refills
❑ IMITREX® (1)	❑ Injections >6 units/12 inj	________	________	________	1 2 3 4 5
	❑ 5mg Nasal spray >12 units	________	________	________	1 2 3 4 5
	❑ 20mg Nasal spray >12 units	________	________	________	1 2 3 4 5
❑ NARATRIPTAN® (1)	❑ 1mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 2.5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
❑ RELPAX®(1)	❑ 20mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 40mg Tabs >12 tabs	________	________	________	1 2 3 4 5
❑ SUMATRIPTAN®(1)	❑ 25mg Tabs >12 tab	________	________	________	1 2 3 4 5
	❑ 50mg Tabs >12 tab	________	________	________	1 2 3 4 5
	❑ 100mg Tabs >12 tab	________	________	________	1 2 3 4 5
❑ AXERT®(8)	❑ 6.25mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 12.5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
❑ AMERGE® (8)	❑ 1mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 2.5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
❑ FROVA®(8)	❑ 2.5mg Tabs > 12 tabs	________	________	________	1 2 3 4 5
❑ MAXALT®(8)	❑ 5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 10mg Tabs > 12 tabs	________	________	________	1 2 3 4 5
❑ MAXALT MLT ®(8)	❑5mg Tabs > 12 tabs	________	________	________	1 2 3 4 5
	❑10mg Tabs > 12 tabs	________	________	________	1 2 3 4 5
❑ ZOMIG®(8)	❑ 2.5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
	❑ 5mg Nasal spray >12 units	________	________	________	1 2 3 4 5
❑ ZOMIG ZMT®(8)	❑ 2.5mg Tabs >12 tabs	________	________	________	1 2 3 4 5
❑ OTHER ____________		________	________	________	1 2 3 4 5

Continued on 2nd page

Please complete both pages of this PA request

Medical Necessity Documentation :

- ❑ Evidence supporting appropriate migraine/cluster DX (attached)

And

- ❑ MUST provide evidence that appropriate preventive therapy is currently being used at therapeutic doses.

Or

- ❑ **If no preventive meds being used, evidence all available therapies from at least group 1 and 2 have been tried and failed/intolerant or contraindications to use exist.**

Group 1: Established efficacy

- ❑ Divalproex sodium
- ❑ Metoprolol
- ❑ Propranolol
- ❑ Topiramate
- ❑ Timolol

Group 2: Lower efficacy

- ❑ Amitriptyline
- ❑ Atenolol
- ❑ Fenoprofen
- ❑ Ibuprofen
- ❑ Ketoprofen
- ❑ Mefenamic Acid
- ❑ Nadolol
- ❑ Naproxen
- ❑ Magnesium
- ❑ Venlafaxine

Group 3: Possible efficacy

- ❑ Candesartan
- ❑ Carbamezapine
- ❑ Clonidine
- ❑ Cyproheptadine
- ❑ Flurbiprofen
- ❑ Guanfacine
- ❑ Lisinopril
- ❑ Nebivolol
- ❑ Pindolol

Group 4: Efficacy is conflicting or inadequate

- ❑ Aspirin
- ❑ Bisoprolol
- ❑ Fluoxetine
- ❑ Fluvoxamine
- ❑ Gabapentin
- ❑ Indomethacin
- ❑ Nicardipine
- ❑ Nifedipine
- ❑ Nimodipine
- ❑ Protriptyline
- ❑ Verapamil

Group 5: Ineffective

- ❑ Acebutolol
- ❑ Clomipramine
- ❑ Clonazepam
- ❑ Lamotrigine
- ❑ Montelukast
- ❑ Nabumetone

Other (describe) ____

Source:

Guidelines of US Headache Consortium from the American Academy of Neurology

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: ____________________________ Date of Submission: ______________________________

***MUST MATCH PROVIDER LISTED ABOVE**

Please complete both pages of this PA request