MOLINA® HEALTHCARE

Migraine Agents: CGRP Receptor Antagonists (Acute)

Please provide the information below, please print your answers, attach supporting documentation, sign, date and return to our offce as soon as possible to expedite this request. **Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082, Options 0,1,2,3.**

Date of Request			
Patient	Date of Birth	Molina ID	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength		Directions for Use	Qty/Days Supply

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No

   If yes, is there documentation of one of the following after CGRP antagonist administration?

   ☐ Reduction in pain, or pain freedom

   ☐ Reduction in migraine-associated symptoms (i.e. photophobia, phonophobia, and nausea)

2. Indicate the patient's diagnosis:

   ☐ Migraine headache

   ☐ Other. Specify: _____

3. Has prescriber ruled out medication overuse headache? ☐ Yes ☐ No

4. Is patient experiencing at least two migraine episodes with moderate to severe pain per month during the last 3 months? ☐ Yes ☐ No

5. Indicate if patient has had an inadequate treatment response to the following (check all that apply):

   ☐ At least 2 different 5-hydroxytryptamine (5HT) receptor agonists (triptans)

   ☐ At least one triptan used in combination with a non-steroidal anti-inflammatory drug (NSAID)

   ☐ NSAIDs are contraindicated

   ☐ Triptans are contraindicated

6. Wil this be prescribed in combination with any other CGRP antagonist (i.e. Emgality, Aimovig, Ajovy)? ☐ Yes ☐ No

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber Signature	Prescriber Specialty	Date