

If the following information is not complete, correct, and legible, the SA process could be delayed.
 Please use one form per member.

MEMBER INFORMATION

Last Name:

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First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Gender: ☐ Male ☐ Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

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NPI Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number:

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Fax Number:

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DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

Preferred agents require Clinical SA	Non-Preferred agents (SA required)
Emgality™ Syringe Emgality™ Pen	Aimovig™ Ajovy™ Reyvow™ Ubrelvy™

 Please identify why the preferred agents cannot be used:

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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DIAGNOSIS AND MEDICAL INFORMATION

Clinical edit all drugs in class to receive a THREE (3) month approval for these drugs. Complete the following section.

Does the member meet the following criteria?

1. Member has a diagnosis of migraine, with or without aura, based on the International Classification of Headache Disorders (ICHD-III) diagnostic criteria; **AND**

☐ Yes ☐ No

2. The member is 18 years or older; **AND**

☐ Yes ☐ No

3. The member does not have medication over-use headache (MOH); **AND**

☐ Yes ☐ No

4. Women of childbearing age have had a pregnancy test at baseline; **AND**

☐ Yes ☐ No

5. Member has ≥ 4 migraine days per month for at least 3 months; **AND**

☐ Yes ☐ No

6. Member is utilizing prophylactic intervention modalities (e.g., behavioral therapy, physical therapy, or life-style modifications); **AND**

☐ Yes ☐ No

7. Member has tried and failed a ≥ 1 -month trial of any 2 of the following oral medications:

- Antidepressants (e.g., amitriptyline, venlafaxine)
- Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
- Anti-epileptics (e.g., valproate, topiramate)
- Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan)

☐ Yes ☐ No

(Form continued on next page.)

