



Migraine Agents: CGRP Receptor Antagonists (Acute)

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Please FAX responses to: (800) 869-7791. Phone: (800) 213-5525, Option 1-2-2.

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
<p>1. Is this request for a continuation of existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, is there documentation of one of the following after CGRP antagonist administration?</p> <p style="margin-left: 40px;"><input type="checkbox"/> Reduction in pain, or pain freedom</p> <p style="margin-left: 40px;"><input type="checkbox"/> Reduction in migraine-associated symptoms (i.e. photophobia, phonophobia, and nausea)</p> <p>2. Indicate the patient's diagnosis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Migraine headache</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other. Specify: _____</p> <p>3. Has prescriber ruled out medication overuse headache? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is patient experiencing at least two migraine episodes with moderate to severe pain per month during the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Indicate if patient has had an inadequate treatment response to the following (check all that apply):</p> <p style="margin-left: 20px;"><input type="checkbox"/> At least 2 different 5-hydroxytryptamine (5HT) receptor agonists (triptans)</p> <p style="margin-left: 20px;"><input type="checkbox"/> At least one triptan used in combination with a non-steroidal anti-inflammatory drug (NSAID)</p> <p style="margin-left: 20px;"><input type="checkbox"/> NSAIDs are contraindicated</p> <p style="margin-left: 20px;"><input type="checkbox"/> Triptans are contraindicated</p> <p>6. Will this be prescribed in combination with any other CGRP antagonist (i.e. Emgality, Aimovig, Ajovy)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
CHART NOTES ARE REQUIRED WITH THIS REQUEST			
Prescriber signature	Prescriber specialty	Date	