UnityPoint at Home

SPECIALTY PHARMACY
Phone: 1 (877) 804-2713
Fax: 1 (855) 806-7285

CHRONIC MIGRAINE PRIOR AUTHORIZATION AND CHECKLIST FORM

PATIENT INFORMATION

Please send a copy of ALL of patient's Prescription, Primary and Secondary insurance cards (both sides)
Also include any other beneficial information for prior authorization and dispensing assessments.

Patient Name ______________________ **DOB** __________ **Gender** ☐ Male ☐ Female

Address ______________________ **City**__________ **State** ________ **Zip** ________

Home Phone __________ **Cell Phone** __________ **Work phone** __________ **Email** __________

Primary Language ☐ English ☐ Spanish ☐ Other specify __________ **Allergies** __________

RX Member ID __________ **RX Group ID** __________ **RX PCN** __________ **RX BIN**__________

DIAGNOSIS OF CHRONIC MIGRAINE

☐ G43.709 – Chronic migraine without aura, not intractable, without status migrainosus
☐ G43.719 – Chronic migraine without aura, intractable, without status migrainosus
☐ G43.701 – Chronic migraine without aura, not intractable, with status migrainosus
☐ G43.711 – Chronic migraine without aura, intractable, with status migrainosus
☐ OTHER ______________________

PROCEDURE CODE(S)

☐ CPT64615 ☐ J0585 ☐ OTHER ______________________

HISTORY OF HEADACHES	*DATE MIGRAINES STARTED*		BASELINE	CURRENT	REDUCTION FROM BASELINE
Number of headaches days per month (Headache-free days each month may be beneficial to help determine how many)					
Number of headache hours per day					

Additional symptoms:
☐ Moderate pain intensity ☐ Severe pain intensity ☐Nausea ☐Vomiting ☐Photophobia ☐Phonophobia ☐Unilateral ☐ Pulsating

OTHER CONSIDERATIONS	DESCRIBE (FREQUENCY, TYPE, ETC)
Disability due to headache/migraine (eg, work, school)?	
ER visit(s) due to headache/migraine?	
Other:	

DRUG NAME	DOSE	DATE(S)	PROPHYLACTIC DRUG CLASS PRESCRIBED	OUTCOME (CHECK ONE)
			☐Antidepressant ☐Antiepileptic/Anticonvulsant ☐Beta-blocker ☐Calcium Channel Blocker ☐ACE Inhibitor/Angiotentions II Receptor Blocker	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed
			☐Antidepressant ☐Antiepileptic/Anticonvulsant ☐Beta-blocker ☐Calcium Channel Blocker ☐ACE Inhibitor/Angiotentions II Receptor Blocker	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed
			☐Antidepressant ☐Antiepileptic/Anticonvulsant ☐Beta-blocker ☐Calcium Channel Blocker ☐ACE Inhibitor/Angiotentions II Receptor Blocker	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed
			☐Antidepressant ☐Antiepileptic/Anticonvulsant ☐Beta-blocker ☐Calcium Channel Blocker ☐ACE Inhibitor/Angiotentions II Receptor Blocker	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed

Many policies require documented failure, contraindication, or intolerance of at least 2 different migraine prophylaxis medications from 2 different therapeutic drug classes trialed for months or greater (see reverse for a list for common medications). Please provide dates for all that apply.

DRUG NAME	DOSE	DATE(S)	ABORTIVE DRUG CLASS PRESCRIBED	OUTCOME (CHECK ONE)
			☐NSAID ☐Ergot Alkaloid derivative ☐Triptan ☐Combination/Other	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed
			☐NSAID ☐Ergot Alkaloid derivative ☐Triptan ☐Combination/Other	☐Effective ☐Sub-optimal ☐Intolerant ☐Contraindicated ☐Failed

PRESCRIPTION

☐ **Botox (onabotulinumtoxina)** Inject ____units IM to multiple area of ☐Head ☐Neck ☐Shoulders every __________ refills ________

Prescriber's Signature: (NO STAMPS)		**DATE:**	

Print Prescriber's Name:______________________ NPI: __________ Phone__________

Address ______________________City__________ State ________ Fax __________

Updated 11/2016

Listed below are examples of the various acute and prophylactic drug classes. This is not a comprehensive list.

PROPHYLACTIC EXAMPLES				
ANTIDEPRESSANTS	**ANTIPILEPTIC/ ANTICONVULSANTS**	**BETA-BLOCKERS**	**CALCIUM CHANNEL BLOCKERS**	**ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS/ ANGIOTENSIN II RECEPTOR BLOCKERS (ARB)**
Amitriptyline	Divalproex sodium	Atenolol	Diltiazem	Candesartan
Citalopram	Gabapentin	Metoprolol	Nifedipine	Enalapril
Doxepin	Topiramate	Nadolol	Nimodipine	Irbesartan
Fluoxetine		Timolol		Losartan
Fluvoxamine				Olmesartan
Mirtazapine				Ramipril
Nortriptyline				Valsartan
Paroxetine				
Protriptyline				
Sertraline				
Venlafaxine				

ABORTIVE EXAMPLES			
NSAIDS/ANALGESICS	**ERGOT ALKALOID DERIVATIVE**	**TRIPTANS**	**COMBINATIONS/OTHER**
Acetaminophen	Ergotamie	Almotriptan	Acetaminophen/aspirin/caffeine
Aspirin	Dihydroergotamine (DHE)	Eletriptan	Butalbital/acetaminophen/caffeine
Diclofenac		Frovatriptan	Butalbital/aspirin/caffeine
Ibuprofen		Naratriptan	Butorphanol
Naproxen		Rizatriptan	Ergotamine/caffeine
		Sumatriptan	Sumatriptan/naproxen
		Zolmitriptan	