

# MIGRAINE ACUTE TREATMENT AGENTS PRIOR AUTHORIZATION FORM

(form effective 1/5/2026)



Fax to PerformRx<sup>SM</sup> at **1-855-851-4058**, or to speak to a representative call **1-888-674-8720**.

PRIOR AUTHORIZATION REQUEST INFORMATION			
<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total # of pages:	
Name of office contact:		Contact's phone number:	LTC facility contact/phone:
PATIENT INFORMATION			
Patient name:		Patient ID #:	DOB:
Street address:			
Apt #:	City/state/zip:		Phone:
PRESCRIBER INFORMATION			
Prescriber name:			
Specialty:		NPI:	State license #:
Street address:			
Suite #:	City/state/zip:		
Phone:		Fax:	
CLINICAL INFORMATION			
Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred drugs in this class.			
Preferred:		Non-Preferred:	
<input type="checkbox"/> Eletriptan Tablet <input type="checkbox"/> Naratriptan Tablet <input type="checkbox"/> Nurtec (rimegepant) ODT <input type="checkbox"/> Rizatriptan ODT <input type="checkbox"/> Rizatriptan Tablet <input type="checkbox"/> Sumatriptan Cartridge <input type="checkbox"/> Sumatriptan Nasal Spray		<input type="checkbox"/> Sumatriptan Pen Injector <input type="checkbox"/> Sumatriptan Tablet <input type="checkbox"/> Sumatriptan Vial <input type="checkbox"/> Ubrelvy Tablet <input type="checkbox"/> Zolmitriptan ODT <input type="checkbox"/> Zolmitriptan Tablet <input type="checkbox"/> Almotriptan Tablet <input type="checkbox"/> Diclofenac Potassium Powder Packet <input type="checkbox"/> Dihydroergotamine Mesylate Ampule <input type="checkbox"/> Dihydroergotamine Mesylate Nasal Spray <input type="checkbox"/> Elyxib Solution <input type="checkbox"/> Ergomar SL Tablet <input type="checkbox"/> Frova Tablet <input type="checkbox"/> Frovatriptan Tablet <input type="checkbox"/> Imitrex Cartridge <input type="checkbox"/> Imitrex Pen Injector <input type="checkbox"/> Imitrex Tablet <input type="checkbox"/> Maxalt Tablet <input type="checkbox"/> Maxalt MLT	
<input type="checkbox"/> Relpax Tablet <input type="checkbox"/> Reyvow Tablet <input type="checkbox"/> Sumatriptan-Naproxen Tablet <input type="checkbox"/> Symbravo Tablet <input type="checkbox"/> Tosymra Nasal Spray <input type="checkbox"/> Trudhesa Nasal Spray <input type="checkbox"/> Zavzpret Nasal Spray <input type="checkbox"/> Zembrace Symtouch <input type="checkbox"/> Zolmitriptan Nasal Spray <input type="checkbox"/> Zomig Nasal Spray <input type="checkbox"/> Zomig Tablet			
Strength and dosage form:			
Dose/directions:		Quantity:	Refills:
Diagnosis ( <i>submit documentation</i> ):			Dx code ( <i>required</i> ):

INITIAL REQUESTS
<p><b>Please complete either the INITIAL requests or RENEWAL requests section.</b></p> <p><b>If the requested prescription exceeds the quantity limits/daily dose limits, also complete the QUANTITY LIMITS/DAILY DOSE LIMITS section.</b></p>
<p><b>1. For a NON-PREFERRED MIGRAINE ACUTE TREATMENT AGENT</b></p> <p><input type="checkbox"/> <b>For a non-preferred TRIPTAN:</b></p> <p><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS (Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred triptans in the Migraine Acute Treatment Agents class.)</p> <p><input type="checkbox"/> List medications tried: _____</p> <p><input type="checkbox"/> <b>For a non-preferred GEPANT:</b></p> <p><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred GEPANTS (Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred gepants in the Migraine Acute Treatment Agents class.)</p> <p><input type="checkbox"/> List medications tried: _____</p> <p><input type="checkbox"/> <b>For a non-preferred non-steroidal anti-inflammatory drug (NSAID):</b></p> <p><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred oral NSAIDS (excluding ketorolac) that are approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred oral NSAIDS in the statewide PDL class.)</p> <p><input type="checkbox"/> List medications tried: _____</p>

**INITIAL REQUESTS**

- For ALL OTHER non-preferred Migraine Acute Treatment Agents other than triptans and gepants (e.g., ditans, ergot alkaloids, etc.):
  - Tried and failed or has a contraindication or an intolerance to the preferred drugs in this class that are approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in the Migraine Acute Treatment Agents class.)
  - List medications tried: \_\_\_\_\_
- For a GEPANT/SMALL MOLECULE CGRP INHIBITOR (e.g., Nurtec ODT, Ubrovelvy)
  - Tried and failed at least 2 triptans (e.g., rizatriptan, sumatriptan, etc.) or has a contraindication or intolerance to triptans
- For a non-preferred TRIPTAN-NSAID combination product:
  - Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred triptans in the Migraine Acute Treatment Agents class.)
  - List medications tried: \_\_\_\_\_
  - Has a clinical reason why the individual active ingredients cannot be used concurrently
  - For Symbravo (meloxicam-rizatriptan):
    - Tried and failed or has a contraindication or an intolerance to sumatriptan-naproxen

- For a DITAN/5HT1 RECEPTOR AGONIST (e.g., Reyvow)
  - Tried and failed or has a contraindication or intolerance to the preferred triptans (refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred triptans in the Migraine Acute Treatment Agents class)
  - List medications tried: \_\_\_\_\_
- For an ERGOT ALKALOID (e.g., Cafergot, D.H.E., Migranal, etc.)
  - Tried and failed or has a contraindication or intolerance to the following:
    - caffeine/analgesic combination (e.g., Excedrin)
    - NSAIDs
    - triptans
    - a combination of an NSAID with a triptan
    - other: \_\_\_\_\_

**RENEWAL REQUESTS**

Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

- Experienced improvement in headache pain, symptoms, or duration
- For a NON-PREFERRED MIGRAINE ACUTE TREATMENT AGENT
  - For a non-preferred TRIPTAN:
    - Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred triptans in the Migraine Acute Treatment Agents class.)
    - List medications tried: \_\_\_\_\_
  - For a non-preferred GEPANT:
    - Tried and failed or has a contraindication or an intolerance to the preferred GEPANTS (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred gepants in the Migraine Acute Treatment Agents class.)
    - List medications tried: \_\_\_\_\_
  - For a non-preferred non-steroidal anti-inflammatory drug (NSAID):
    - Tried and failed or has a contraindication or an intolerance to the preferred oral NSAIDS (excluding ketorolac) that are approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred oral NSAIDS in the statewide PDL class.)
    - List medications tried: \_\_\_\_\_
  - For ALL OTHER non-preferred Migraine Acute Treatment Agents other than triptans and gepants (e.g., ditans, ergot alkaloids, etc.):
    - Tried and failed or has a contraindication or an intolerance to the preferred drugs in this class that are approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in the Migraine Acute Treatment Agents class.)
    - List medications tried: \_\_\_\_\_
  - For a non-preferred TRIPTAN-NSAID combination product:
    - Tried and failed or has a contraindication or an intolerance to the preferred TRIPTANS (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred triptans in the Migraine Acute Treatment Agents class.)
    - List medications tried: \_\_\_\_\_
    - Has a clinical reason why the individual active ingredients cannot be used concurrently
    - For Symbravo (meloxicam-rizatriptan):
      - Tried and failed or has a contraindication or an intolerance to sumatriptan-naproxen

**QUANTITY LIMITS/DAILY DOSE LIMITS REQUESTS**

All requests that exceed the quantity limits/daily dose limits require prior authorization.

Is the requested medication prescribed by a neurologist or specialist certified in headache medicine by the United Council for Neurologic Subspecialties (UCNS)?  Yes  No

Is the requested quantity/dose/frequency supported by current medical compendia and/or peer-reviewed medical literature?  Yes  No Submit documentation.

**1. For ACUTE TREATMENT OF MIGRAINE, check all that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each:**

- Was evaluated for the overuse of abortive headache medications (e.g., opioids, triptans, butalbital, etc.)
- Will be using the requested medication with at least one medication for migraine prevention – specify:
  - anticonvulsant (e.g., topiramate, valproate derivative)
  - antidepressant (e.g., SNRI, TCA)
  - beta blocker (e.g., metoprolol, propranolol, timolol)
  - botulinum toxin (e.g., Botox, Dysport)
  - CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)
  - gepant (e.g., Nurtec ODT, Qulipta)
  - other: \_\_\_\_\_
- Tried and failed preventive migraine medications – specify:
  - anticonvulsant (e.g., topiramate, valproate derivative)
  - antidepressant (e.g., SNRI, TCA)
  - beta blocker (e.g., metoprolol, propranolol, timolol)
  - botulinum toxin (e.g., Botox, Dysport)
  - CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)
  - gepant (e.g., Nurtec ODT, Qulipta)
  - other: \_\_\_\_\_
- Has an intolerance or a contraindication to preventive migraine medications – specify:
  - anticonvulsant (e.g., topiramate, valproate derivative)
  - antidepressant (e.g., SNRI, TCA)
  - beta blocker (e.g., metoprolol, propranolol, timolol)
  - botulinum toxin (e.g., Botox, Dysport)
  - CGRP monoclonal antibody (e.g., Aimovig, Ajovy, Emgality)
  - gepant (e.g., Nurtec ODT, Qulipta)
  - other: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION**

Prescriber signature: \_\_\_\_\_

Date: \_\_\_\_\_

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