

FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR MIGRAINE AGENTS

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Migraine Agents Completion Instructions, F-00280A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Migraine Agents form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name

5. Drug Strength

6. Date Prescription Written

7. Refills

8. Directions for Use

9. Name — Prescriber

10. National Provider Identifier (NPI) — Prescriber

11. Address — Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION

13. Diagnosis Code and Description

SECTION IIIA — CLINICAL INFORMATION FOR NON-PREFERRED MIGRAINE AGENTS, OTHER (Except for Cambia.)

14. Has the member previously taken any dosage form of sumatriptan? Yes No

15. Has the member taken sumatriptan and experienced an unsatisfactory therapeutic response? Yes No

If yes, list the approximate dates sumatriptan was taken in the space provided.

16. Has the member previously taken any dosage form of naratriptan? Yes No

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SECTION IIIA — CLINICAL INFORMATION FOR NON-PREFERRED MIGRAINE AGENTS, OTHER (Continued)

17. Has the member taken naratriptan and experienced an unsatisfactory therapeutic response? Yes No

If yes, list the approximate dates naratriptan was taken in the space provided.

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED MIGRAINE AGENTS, INJECTABLE (Complete this section only for PA requests for an injectable migraine agent.)

18. Has the member used sumatriptan injectable and experienced an unsatisfactory therapeutic response? Yes No

If yes, list the approximate dates sumatriptan injectable was used in the space provided.

19. Does the member have a medical condition(s) that prevents the member from using sumatriptan injectable? Yes No

If yes, list the medical condition(s) in the space provided.

SECTION IIIC — CLINICAL INFORMATION FOR CAMBIA (Complete this section only for PA requests for Cambia.)

20. Has the member previously taken any dosage form of sumatriptan and experienced an unsatisfactory therapeutic response or clinically significant adverse drug reaction? Yes No

If yes, list the dosage form and specific details about the unsatisfactory therapeutic response or clinically significant adverse drug reaction in the space provided.

21. Is there a clinically significant drug interaction between another medication the member is taking and sumatriptan? Yes No

If yes, list the other medication the member is taking and describe the clinically significant drug interaction in the space provided.

22. Has the member previously taken any dosage form of naratriptan and experienced an unsatisfactory therapeutic response or clinically significant adverse drug reaction? Yes No

If yes, list the dosage form and specific details about the unsatisfactory therapeutic response or clinically significant adverse drug reaction in the space provided.

23. Is there a clinically significant drug interaction between another medication the member is taking and naratriptan? Yes No

If yes, list the other medication the member is taking and describe the clinically significant drug interaction in the space provided.

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SECTION III C — CLINICAL INFORMATION FOR CAMBIA (Continued)

24. Has the member tried and failed or experienced a clinically significant adverse drug reaction to two preferred, generic nonsteroidal anti-inflammatory drugs (NSAIDs)? (The two preferred, generic NSAIDs taken cannot include ibuprofen or naproxen.) Yes No

If yes, check the two preferred, generic NSAIDs that were taken.

1. diclofenac.
2. flurbiprofen.
3. indomethacin.
4. ketoprofen.
5. ketorolac.
6. meclofenamate.
7. meloxicam.
8. nabumetone.
9. piroxicam.

List the specific details about the treatment failures or clinically significant adverse drug reactions and the approximate dates the two preferred, generic NSAIDs were taken in the space provided.

SECTION IV — AUTHORIZED SIGNATURE

25. SIGNATURE — Prescriber

26. Date Signed

SECTION V — FOR PHARMACY PROVIDERS USING STAT-PA

27. National Drug Code (11 Digits)

28. Days' Supply Requested (Up to 365 Days)

29. NPI

30. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

31. Place of Service

32. Assigned PA Number

33. Grant Date

34. Expiration Date

35. Number of Days Approved

SECTION VI — ADDITIONAL INFORMATION

36. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may also be included here.
