



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Migraine Acute Treatment Agents

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, etc.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for a renewal of a prior authorization?

Yes No

Q2. Is the requested medication being used to treat a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication?

Yes No

Q3. Does the patient have a confirmed diagnosis according to the current International Headache Society Classification of Headache Disorders?

Yes No

Q4. Is the patient age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q5. Is the prescribed dose for the requested medication consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q6. Does the patient have a contraindication to the prescribed medication?

Yes No

Q7. Is the request for a gepant for the acute treatment of migraine?



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Patient Name: Prescriber Name:

Form containing 18 questions (Q8-Q18) with Yes/No checkboxes regarding patient history, medication use, and treatment requests.

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above.



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migraine both of the following: I. The medication will be used in addition to at least one medication for migraine prevention (e.g., beta-blocker, anticonvulsant, antidepressant, CGRP monoclonal antibody); OR there is a history of therapeutic failure, contraindication, or intolerance to all preventative migraine medications recommended by current consensus guidelines (such as guidelines from the American Academy of Neurology, American Academy of Family Physicians, American Headache Society); II. Documentation of an evaluation for the overuse of abortive medications, including opioids.

Yes No

Q19. Is this a request for a preferred triptan antimigraine agent?

Yes No

Q20. Is the request for a non-preferred triptan?

Yes No

Q21. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of the preferred triptans?

Yes No

Q22. For all other non-preferred Migraine Acute Treatment Agents, does the patient have a history of therapeutic failure, contraindication to, or intolerance of the preferred Migraine Acute Treatment Agents approved or medically accepted for the patient's diagnosis?

Yes No

Q23. Is the prescribed dose for the requested medication consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q24. For a gepant, will the patient be using the requested gepant with another gepant or a CGRP monoclonal antibody?

Yes No

Q25. Is there documentation of improvement in headache pain, symptoms, or duration?

Yes No

Q26. Is this a request for a Migraine Acute Treatment Agent that exceeds the quantity limit?

Yes No

Q27. Does the patient meet all of the following? A. Health Partners plans quantity limit guidelines; B. The prescriber is a neurologist OR headache specialist who is certified in headache medicine by the UCNS; C. For acute treatment of migraine both of the following: I. The medication will be used in addition to at least one medication for migraine prevention (e.g., beta-blocker, anticonvulsant, antidepressant, CGRP monoclonal antibody); OR there is a history of



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therapeutic failure, contraindication, or intolerance to all preventative migraine medications recommended by current consensus guidelines (such as guidelines from the American Academy of Neurology, American Academy of Family Physicians, American Headache Society); II. Documentation of an evaluation for the overuse of abortive medications, including opioids.

Yes

No

Q28. Additional Information:

Prescriber Signature

Date

Updated for 2022