

# Anti-Migraine Agents

## Prior Authorization Request (Physician to Complete)



Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

### Facsimile Transmittal Sheet

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

To: Wellmark Pharmacy Services

From (Prescriber's Name): \_\_\_\_\_

Fax Number: (866) 884-4345

Prescriber's DEA Number: \_\_\_\_\_

Phone Number: (800) 600-8065

Prescriber's Phone Number: \_\_\_\_\_

Prescriber's Specialty: \_\_\_\_\_

Prescriber's Fax Number: \_\_\_\_\_

Prescriber's Office Address: \_\_\_\_\_  
Street Suite # City State Zip

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

2. Has there been a trial of sumatriptan (Imitrex) or naratriptan (Amerge)?\*:  Yes  No

Date of Therapy Trial: \_\_\_\_\_

*\*Trial of at least one of these products is required prior to coverage of branded Triptans (see list below).*

3. Select one: *Standard benefit allowance is indicated in parenthesis after drug name.*

- |  |  |
|--|--|
| <input type="checkbox"/> Alsuma (6 units)(SUMATRIPTAN 6MG AUTO-INJECTOR)                     | <input type="checkbox"/> Maxalt or Maxalt MLT (9 tabs)(RIZATRIPTAN 5 & 10MG TABS)  |
| <input type="checkbox"/> Amerge & Naratriptan (9 tabs)(1 & 2.5MG TABS)                       | <input type="checkbox"/> Relpax (6 tabs)(ELETRIPTAN 20 & 40MG TABS)                |
| <input type="checkbox"/> Axert (12 tabs)(ALMOTRIPTAN 6.25 & 12.5MG TABS)                     | <input type="checkbox"/> Sumavel (6 units)(SUMATRIPTAN 6MG NEEDLE-FREE INJ DEVICE) |
| <input type="checkbox"/> Frova (9 tabs)(FROVATRIPTAN 2.5MG TABS)                             | <input type="checkbox"/> Zomig or Zomig ZMT (6 units)(ZOLMITRIPTAN 2.5 & 5MG TABS) |
| <input type="checkbox"/> Imitrex & Sumatriptan (9 tabs)(25, 50, & 100MG TABS)                | <input type="checkbox"/> Zomig (6 units)(ZOLMITRIPTAN 5MG NASAL SPRAY)             |
| <input type="checkbox"/> Imitrex & Sumatriptan (6 units)(5 & 20MG NASAL SPRAY)               |  |
| <input type="checkbox"/> Imitrex & Sumatriptan (6 units)(6MG INJECTION; 3-6MG INJECTION/KIT) |  |

Drug Strength: \_\_\_\_\_ mg Dosage Form: \_\_\_\_\_ (tab, inj, nasal spray)

Quantity/30 days: \_\_\_\_\_ units Directions: \_\_\_\_\_

4. List (if any) migraine preventive therapy: \_\_\_\_\_

5. For Alsuma and Sumavel requests, provide clinical rationale as to why sumatriptan (Imitrex) oral, nasal and injectable cannot be used: \_\_\_\_\_

Printed Name

Signature

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