



Request for Prior Authorization
SEROTONIN 5-HT1 RECEPTOR AGONISTS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Prescriber must complete all information above, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for preferred serotonin 5-HT1-receptor agonists for quantities exceeding 12 unit doses of tablets, syringes or sprays per 30 days. Payment for serotonin 5-HT1-receptor agonists beyond this limit will be considered on an individual basis after review of submitted documentation.

- Preferred (PA required after 12 doses in 30 days)
Non-Preferred (PA required from Day 1)
List of medications with checkboxes: Naratriptan, Rizatriptan ODT, Rizatriptan Tablets, Sumatriptan Inj, Sumatriptan Nasal Spray, Sumatriptan Tablets, Zomig NS, Almotriptan, Amerge, Axert, Eletriptan, Frova, Frovatriptan, Imitrex Inj/NS/Tabs, Maxalt, Maxalt MLT, Onzetra Xsail, Relpax, Sumatriptan-Naproxen*, Treximet*, Zembrace, Zolmitriptan, Zomig Tablets, Zomig ZMT.

Table with 4 columns: Strength, Dosage Instructions, Quantity, Days Supply.

Diagnosis:

If Migraine, please document the current prophylactic therapy or 2 previous trials and therapy failures with two different prophylactic medications including drug names, strength, exact date ranges and failure reasons:

Medical or contraindication reason to override trial requirements:

Previous migraine therapy (include drug/dose/duration):

Reason for use of Non-Preferred drug requiring prior approval:

Other medical conditions to consider:

Attach lab results and other documentation as necessary.

Form with fields for Prescriber signature (Must match prescriber listed above.) and Date of submission.

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.