



15 Earhart Drive, Suite 101, Amherst, NY 14221

CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name: Today's Date: Date Needed:
Date of birth: Sex: Weight: Prescriber: Specialty:
Home Phone Number: Phone Number: Fax Number:
Home Address: City: State: Zip: Address: City: State: Zip:
Payor: Commercial Medicare
Insurance ID: Group Number: Allergies:

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis:
ICD10 Code:
Submission of headache diary with record of headache frequency and analgesic use for the prior three months, or office notes detailing the frequency and severity of patient's headaches
Patient will not use botulinum toxin for headache prophylaxis in conjunction with a CGRP antagonist
Patient will not use another CGRP antagonist for headache prophylaxis in conjunction with the requested CGRP antagonist
Has patient tried and failed to respond to or tolerate at least 2 oral agents used to prevent migraines or reduce migraine frequency?
Please list:

DRUG SELECTION

New Authorization Re-Authorization
AIMOVIG
AJOVY
EMGALITY
NURTEC
QULIPTA
OTHER
Dose:
Frequency:
For Re-Authorization:
Patient has responded to therapy documented by continued reduction in headache frequency or maintenance of headache frequency from baseline.
Patient will not be using botulinum toxin for headache prophylaxis in conjunction with a CGRP antagonist.
Patient is not experiencing any adverse effects from medication