

MIGRAINE PREVENTION AGENTS PRIOR AUTHORIZATION FORM (form effective 1/6/2025)

Prior authorization guidelines for **Migraine Prevention Agents** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan’s website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact’s phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/State/Zip:	
Beneficiary ID#:		DOB:	Phone:	Fax:
Beneficiary address:			Beneficiary phone number:	

CLINICAL INFORMATION

Drug requested:	Strength:	Formulation (pen, syringe, tablet, etc):	
Dose/directions:		Quantity:	Refills:
Diagnosis (submit documentation):		DX code (required):	
Is the drug prescribed by or in consultation with a headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties or a neurologist?		<input type="checkbox"/> Yes	Submit documentation of consultation, if applicable.
		<input type="checkbox"/> No	

Complete all sections that apply to the beneficiary and this request.

Check all that apply and submit documentation for each item.

INITIAL requests

1. For PREVENTION OF MIGRAINE:

- Averaged 4 or more migraine days per month over the past 3 months
- Tried and failed (or cannot try) at least 1 other preventive migraine drug from 1 of the following 3 classes:
 - Anticonvulsants (e.g., divalproex, topiramate, valproic acid)
 - Antidepressants (e.g., amitriptyline, venlafaxine)
 - Beta blockers (e.g., metoprolol, propranolol, timolol)

2. For EPISODIC CLUSTER HEADACHE:

- Tried and failed (or cannot try) at least one other preventive medication

3. For a GEPANT (e.g., Nurtec ODT, Qulipta) for PREVENTION OF MIGRAINE:

- Tried and failed (or cannot try) at least 2 preferred CGRP monoclonal antibodies approved or medically accepted for the diagnosis
 (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Migraine Prevention Agents.)

- For a NON-PREFERRED gepant for prevention of migraine:

Tried and failed (or cannot try) the preferred gepants approved or medically accepted for the indication (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred gepants.)

4. For all other NON-PREFERRED Migraine Prevention Agents (except gepants):

Tried and failed or has a contraindication or intolerance to the preferred Migraine Prevention Agents approved or medically accepted for the diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Migraine Prevention Agents.)

RENEWAL requests

1. For PREVENTION OF MIGRAINE:

- Experienced fewer average migraine days or headache days per month since starting the requested medication
- Experienced a decrease in severity or duration of migraines since starting the requested medication

2. For EPISODIC CLUSTER HEADACHE:

Experienced a reduction in the frequency of episodic cluster headache since starting the requested medication

3. For a GEPANT (e.g., Nurtec ODT, Qulipta) for PREVENTION OF MIGRAINE:

Tried and failed (or cannot try) at least 2 preferred CGRP monoclonal antibodies approved or medically accepted for the indication (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Migraine Prevention Agents.)

For a NON-PREFERRED gepant for prevention of migraine:

Tried and failed (or cannot try) the preferred gepants approved or medically accepted for the diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred gepants.)

4. For all other NON-PREFERRED Migraine Prevention Agents (except gepants):

Tried and failed or has a contraindication or intolerance to the preferred Migraine Prevention Agents approved or medically accepted for the diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Migraine Prevention Agents.)

Please submit to PromptPA <https://ghp.promptpa.com>

OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:

Date:

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