Prior Authorization Form

Imitrex Nasal Spray Post Limit

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-888-836-0730**.

When conditions are met, we will authorize the coverage of Imitrex Nasal Spray Post Limit.

Drug Name (select from list of drugs shown)

Imitrex Nasal Spray

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone:

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Please circle the appropriate answer for each question.

1. Does the patient have a diagnosis of migraine headache?	Y N
[If the answer to this question is yes, skip to question 5.]	
2. Does the patient have a diagnosis of cluster headache?	Y N
3. Is the patient taking this medication in combination with another triptan (e.g., Alsuma, Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Sumavel, Treximet or Zomig) or an ergotamine-containing drug (e.g., Migranal, Cafergot)?	Y N
4. Does the patient have confirmed or suspected cardiovascular or cerebrovascular disease, or uncontrolled hypertension?	Y N
[No further questions are required.]	

5. Does the patient experience more than four migraine headaches per month?	Y N
[No authorization is required for a quantity sufficient to treat four or fewer headaches per month.]	
6. Is the patient currently using migraine prophylactic therapy (e.g., amitriptyline, divalproex sodium, propranolol, timolol)?	Y N
[If the answer to this question is yes, skip to question 9.]	
7. Has the patient experienced an inadequate treatment response or intolerance to at least 2 different migraine prophylactic therapies?	Y N
[If the answer to this question is yes, skip to question 9.]	
8. Does the patient have a contraindication to all migraine prophylactic therapies?	Y N
9. Given the potential for medication overuse headache when triptan drugs are used with increased frequency, has the possibility that the patient is experiencing medication overuse headache been considered and ruled out?	Y N
10. Is the patient taking this medication in combination with another triptan (e.g., Alsuma, Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Sumavel, Treximet or Zomig) or an ergotamine-containing drug (e.g., Migranal, Cafergot)?	Y N
[If the answer to this question is no, then skip to question 12.]	
11. Is the medication combination the patient is taking sumatriptan tablets and sumatriptan injection?	Y N
[If the answer to this question is no, then no further questions are required.]	
12. Does the patient have confirmed or suspected cardiovascular or cerebrovascular disease, or uncontrolled hypertension?	Y N

Comments: _____

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date