

Prior Authorization and Re-authorization Checklist for Chronic Migraine Patients

First name _____ Middle _____ Last name _____ DOB _____

Initial Authorization Request Re-treatment Request

Diagnosis of Chronic Migraine	Check one
G43.709 - Chronic migraine without aura, not intractable, without status migrainosus	
G43.719 - Chronic migraine without aura, intractable, without status migrainosus	
G43.701 - Chronic migraine without aura, not intractable, with status migrainosus	
G43.711 - Chronic migraine without aura, intractable, with status migrainosus	
Other:	

Procedure Code(s)
<input type="checkbox"/> 64615 <input type="checkbox"/> Other _____

Initial History of Headaches* Duration of Illness (months): _____	Baseline
Number of headache days per month <i>(When determining number of headache days, it may be beneficial to ask the patient how many headache-free days each month the patient is experiencing.)</i>	
Number of headache hours per day	
<input type="checkbox"/> Moderate or severe pain intensity <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Photophobia <input type="checkbox"/> Phonophobia <input type="checkbox"/> Unilateral <input type="checkbox"/> Pulsating	
	Baseline
Disability due to headache/migraine (eg, work, school)?	
ER visit(s) due to headache/migraine?	

Documenting Treatment Outcomes: Re-treatment Criteria	Current	Reduction from Baseline
Number of headache days post-treatment <i>(When determining number of headache days, it may be beneficial to ask the patient how many headache-free days each month the patient is experiencing.)</i>		
<input type="checkbox"/> Moderate or severe pain intensity <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Photophobia <input type="checkbox"/> Phonophobia <input type="checkbox"/> Unilateral <input type="checkbox"/> Pulsating		
	Current	
Disability due to headache/migraine (eg, work, school)?		
Reduction of ER visits post-treatment?		

**Baseline and Current Assessments may be necessary for documentation required for re-treatment per payer guidelines. Many policies require documented failure of, contraindication to, or intolerance of multiple acute/abortive medications and at least 2 different migraine prophylaxis medications from 2 different therapeutic drug classes. (See reverse for a list of common medications.) Please check all that apply. Majority of plans require 2 or fewer oral prophylactic treatments based on data covering 244,831,608 medical lives*
Assessed May 2012, assessed May 2015

Prophylactic Drug Class Prescribed	Drug Name	Dose	Duration	Outcome (check)
<input type="checkbox"/> Antidepressant <input type="checkbox"/> Antiepileptic/Anticonvulsant <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Calcium Channel Blocker <input type="checkbox"/> ACE Inhibitor/Angiotensin II Receptor Blocker				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
<input type="checkbox"/> Antidepressant <input type="checkbox"/> Antiepileptic/Anticonvulsant <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Calcium Channel Blocker <input type="checkbox"/> ACE Inhibitor/Angiotensin II Receptor Blocker				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
<input type="checkbox"/> Antidepressant <input type="checkbox"/> Antiepileptic/Anticonvulsant <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Calcium Channel Blocker <input type="checkbox"/> ACE Inhibitor/Angiotensin II Receptor Blocker				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
<input type="checkbox"/> Antidepressant <input type="checkbox"/> Antiepileptic/Anticonvulsant <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Calcium Channel Blocker <input type="checkbox"/> ACE Inhibitor/Angiotensin II Receptor Blocker				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed

Acute/Abortive Drug Class Prescribed	Drug Name	Dose	Duration	Outcome (check)
<input type="checkbox"/> NSAID <input type="checkbox"/> Ergot alkaloid derivative <input type="checkbox"/> Triptan <input type="checkbox"/> Combination/Other				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
<input type="checkbox"/> NSAID <input type="checkbox"/> Ergot alkaloid derivative <input type="checkbox"/> Triptan <input type="checkbox"/> Combination/Other				<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed

Physician signature: _____ Date: _____

Note: This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Please be sure to check payer policies for the most up-to-date information.

Prior Authorization and Re-authorization Checklist for Chronic Migraine Patients (continued)

Listed below are examples of the various acute and prophylactic drug classes. This is not a comprehensive list.

Prophylactic Examples

Antidepressants	Antiepileptics/ Anticonvulsants	Beta-blockers	Calcium Channel Blockers	Angiotensin-Converting Enzyme (ACE) Inhibitors/ Angiotensin II Receptor Blockers (ARB)
Amitriptyline	Divalproex sodium	Atenolol	Diltiazem	Candesartan
Citalopram	Gabapentin	Metoprolol	Nifedipine	Enalapril
Doxepin	Topiramate	Nadolol	Nimodipine	Irbesartan
Fluoxetine	Valproic acid	Propranolol	Verapamil	Lisinopril
Fluvoxamine		Timolol		Losartan
Mirtazapine				Olmesartan
Nortriptyline				Ramipril
Paroxetine				Valsartan
Protriptyline				
Sertraline				
Venlafaxine				

Acute/Abortive Examples

NSAIDs/ Analgesics	Ergot Alkaloid Derivative	Triptans	Combination/Other
Acetaminophen	Ergotamine	Almotriptan	Acetaminophen/aspirin/caffeine
Aspirin	Dihydroergotamine (DHE)	Eletriptan	Butalbital/acetaminophen/caffeine
Diclofenac		Frovatriptan	Butalbital/aspirin/caffeine
Ibuprofen		Naratriptan	Butorphanol
Naproxen		Rizatriptan	Ergotamine/caffeine
		Sumatriptan	Sumatriptan/naproxen
		Zolmitriptan	