



**BlueCross
BlueShield**

Federal Employee Program

MIGRAINE POWDERS PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID: R				Physician Signature:		
PHYSICIAN COMPLETES						

Migraine Powders

NOTE: Form must be completed in its **entirety** for processing

Please select medication:	<input type="checkbox"/> Sumatriptan powder	<input type="checkbox"/> Zolmitriptan powder
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****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

1. What is the patient's diagnosis?
 - ☐ Cluster headache
 - a. Is this medication being used for acute treatment of cluster headache? ☐ Yes ☐ No
 - ☐ Migraine with aura (classical or classic)
 - ☐ Migraine without aura (common)
 - ☐ Other diagnosis (*please specify*): _____
2. Has the patient been on this medication continuously for the last **4 months**, excluding samples? ☐ Yes ☐ No*
 - *If NO**, is the patient currently using migraine prophylactic therapy (e.g., divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, etc)? ☐ Yes ☐ No*
 - *If NO**, does the patient have an intolerance or contraindication or have they had an inadequate treatment response to migraine prophylactic therapy? ☐ Yes ☐ No
3. Does the patient also have a diagnosis of basilar or hemiplegic migraines? ☐ Yes ☐ No
4. Is the patient currently using a calcitonin gene related peptide (CGRP) antagonist, such as Nurtec ODT or Ubrovelvy, for acute migraine treatment? ☐ Yes ☐ No
5. Will this medication be used in combination with Elyxb (celecoxib) or Reyvow (lasmiditan)? ☐ Yes ☐ No
6. Is the requested dosage form commercially available? ☐ Yes ☐ No
7. Is the requested dose commercially available? ☐ Yes ☐ No
8. Does the requested strength exceed the FDA-approved limit for the requested product? ☐ Yes ☐ No
9. **Patient 6-11 Years of Age:** Has this medication been prescribed by a neurologist? ☐ Yes ☐ No
10. Which dosage form will the powder be compounded into? **Please select dosage form below:**
 - ☐ Injection ☐ Nasal spray ☐ Suppository ☐ Tablet ☐ Topical (i.e., cream/gel/ointment/patch/solution)
 - ☐ Other dosage form (*please specify*): _____
11. Which milligram will the powder be compounded into? _____ mg



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster... easier... better...	Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA . Sign up today!
	CVS/caremark 