

IMITREX INJECTABLE (sumatriptan) QUANTITY MANAGEMENT EXCEPTION

PRIOR AUTHORIZATION REQUEST FORM

Patient Information	
Name:	Member ID #:
Group Name:	Date of Birth:
Diagnosis:	Diagnosis Code:

Provider Information	
Prescriber's Name:	Prescriber's DEA #:
Phone:	Fax:
Office Address:	

Complete and review information, sign and date. Fax signed form to Caremark's prior authorization department at 1-888-836-0730. The Caremark fax machine is located in a secure location as required by HIPAA regulations. On behalf of the member's health plan, Caremark assists in the administration of the prior authorization program. Caremark is an independent company that administers prescription drug benefits.

Providers may call Caremark at 1-800-294-5979 with any questions concerning prior authorization procedures. Members should call Caremark Customer Care at 1-888-963-7290 with any questions. Members may also call their health plan at the number indicated on their Member ID cards.

Please circle the name of medication being prescribed: Imitrex Injectable Imitrex Injectable Kit

Please circle the appropriate answer for each applicable question (Y for Yes, N for No).

- Does the patient have a diagnosis of migraine headache? Y N
[If the answer to this question is no, then skip to question 3.]
- Does the patient have the diagnosis of cluster headache? Y N
[If the answer to this question is no, then skip to question 7.]
- 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.]
- Is the patient currently using migraine prophylactic therapy? (e.g., amitriptyline, Depakote, fluoxetine, nadolol, propranolol, sodium valproate, timolol, topiramate, verapamil.) Y N
[If the answer to this question is yes, then skip to question 6.]
- Has the patient failed or been intolerant to at least 2 different migraine prophylactic therapies, or are all migraine prophylactic therapies contraindicated for the patient? Y N

IMITREX INJECTABLE (sumatriptan) QUANTITY MANAGEMENT EXCEPTION

PRIOR AUTHORIZATION REQUEST FORM

6. 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
7. 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
8. How many syringes/vials/nasal units does the patient need per month?

Comments:

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

Prescriber (or Authorized) Signature and Date:
