CGRP (calcitonin gene-related peptide) Prior Authorization form

Request date:					
Patient Name:	Patient Id:				
Ordering Clinician Name:					
Ordering Cumcian Name:					
Ordering Clinician Address:					
Ordering Clinician NPI:	Ordering Clinician phone number:				
Contact Person:	Contact Person Phone Number:				
Diagnosis code					
\square G43.011 Migraine without aura, intractable, with status migrainosus					
$\ \square$ G43.019 Migraine without aura, intractable, without status migrainosus					
$\ \square$ G43.119 Migraine with aura, intractable, without status migrainosus					
G43.701 Chronic migraine without aura, not intractable, with status migrainosus					
☐ G43.709 Chronic migraine without aura, not intractable, without status migrainosus					
☐ G43.711 Chronic migraine without aura, intractable, with status migrainosus					
☐ G43.719 Chronic migraine without aura, intractable, without status migrainosus					
G43.901 Migraine, unspecified, not intractable, with status migrainosus					
☐ G43.909 Migraine unspecified, not intractable, without status migrainosus					
☐ G43.911 Migraine unspecified, intractable, with status migrainosus					
☐ G43.919 Migraine unspecified, intractable, without status migrainosus					
☐ Other (include diagnosis code and description):					
Relevant Clinical information:					
Total number of headaches days per month:					
Duration of migraine attacks:					
Number of migraine days per month:					
Frequency of acute medication for treatment per month:					

Prior treatments tried to date

Other medications tried for p	atient must have tried at	: least 1 from ead	ch of the following c	ategories for at	least 60 days
plan specific)					

Drug Class	Drug Name
☐ Antidepressant	
☐ Antiepileptic drug	
☐ Antihypertensive	
☐ Antidepressant	
☐ Antiepileptic drug	
☐ Antihypertensive	
☐ Antidepressant	
☐ Antiepileptic drug	
☐ Antihypertensive	

 \square Clinical documentation attached to support request