



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

SW Exchange Anti-Migraine Step Therapy Exception

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please indicate drug requested.

- checkbox Axert
checkbox Frova (brand)
checkbox Relpax
checkbox Zomig Spray
checkbox Other (Please Specify)

Q2. Is the patient currently on the requested medication?

- checkbox Yes
checkbox No

Q3. Has the patient tried and failed any of the following drugs?

- checkbox Almotriptan
checkbox Frovatriptan 2.5 mg (generic only)
checkbox Naratriptan
checkbox Rizatriptan
checkbox Sumatriptan
checkbox Zolmitriptan



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<b>Patient Name:</b>	<b>Prescriber Name:</b> <b>Supervising Physician:</b>
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<input type="checkbox"/> Other (please specify) <input type="checkbox"/> None of the above
Q4. Additional Comments

_____ Prescriber Signature	_____ Date
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Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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