



**NC Medicaid and NC Health Choice
Pharmacy Prior Approval Request for
Migraine Calcitonin Agents: Ubrelvy and Nurtec**

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): up to 30 Days 60 Days 90 Days 120 Days 180 Days 365 Days

Clinical Information

For initial and reauthorization requests, please answer questions 1-7:

1. Is the Beneficiary 18 years of age or older? **Yes** **No**
2. Does the Beneficiary have a diagnosis of migraine, with or without aura? **Yes** **No**
3. Does the beneficiary have a headache frequency of 15 or more headache days per month over the past 6 months? **Yes** **No**
4. Will the beneficiary use Ubrelvy concurrently with a strong CYP3A4 inhibitor? **Yes** **No**
5. Does the Beneficiary have end-stage renal disease with a creatinine clearance (CrCl) less than 15ml/min? **Yes** **No**
6. Has the beneficiary tried and failed 1 or more medication(s) from the following: NSAIDs, Non-Opioid analgesics, acetaminophen, and/or caffeinated analgesic combinations? **Yes** **No**
7. Has the beneficiary tried and failed, or have a contraindication to 2 or more preferred Triptans **Yes** **No**

For reauthorization, please answer questions 1-10:

8. Beneficiary must continue to meet the above criteria.
9. Does the beneficiary demonstrate resolution in headache pain or reduction in headache severity, as assessed by prescriber? **Yes** **No**
10. Has the beneficiary experience any treatment-restricting adverse effects (e.g.: nausea, somnolence, dry mouth)? **Yes** **No**

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.