

**CAREFIRST  
Amerge, Imitrex, Maxalt, Zomig Post Limit**

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Amerge, Imitrex, Maxalt, Zomig Post Limit.

**Patient Information**

Patient Name:

Patient Phone:  -  -

Patient ID:

Patient Group No:

Patient DOB:  /  /

**Prescribing Physician**

Physician Name:

Physician Phone:  -  -

Physician Fax:  -  -

Physician Address:

City, State, Zip:

Drug Name (specify drug) \_\_\_\_\_

Quantity: \_\_\_\_\_ Frequency: \_\_\_\_\_ Strength: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Expected Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Please check the appropriate answer for each applicable question.**

1. Does the patient have confirmed or suspected cardiovascular or cerebrovascular disease, or uncontrolled hypertension? Y  N
2. Does the patient have a diagnosis of migraine headache? Y  N
3. Is the patient currently using migraine prophylactic therapy or unable to take migraine prophylactic therapies due to inadequate response, intolerance or contraindication? Y  N   
[Note: examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine.]
4. Has medication overuse headache been considered and ruled out? Y  N
5. Is the request for sumatriptan injection, sumatriptan nasal spray, or zolmitriptan nasal spray (e.g., Imitrex Injection, Imitrex Nasal Spray, Onzetra Xsail, Sumavel DosePro, Tosymra, Zomig Nasal Spray) for the treatment of cluster headache? Y  N
6. Does the patient require MORE than the plan allowance PER MONTH of any of the following: A) 18 units of Amerge tablets (naratriptan), Axert tablets (almotriptan), Imitrex injection vials (sumatriptan), Imitrex STATdose 6 mg (sumatriptan), Imitrex nasal spray 20 mg (sumatriptan), Imitrex tablets (sumatriptan), Relpax tablets (eletriptan), Treximet tablets (sumatriptan/naproxen), Zomig tablets (zolmitriptan), Zomig-ZMT (zolmitriptan), Zomig Nasal Spray (zolmitriptan), B) 24 units of Tosymra (sumatriptan), C) 27 units of Frova tablets (frovatriptan), Imitrex STATdose 4 mg (sumatriptan), Maxalt tablets (rizatriptan), Maxalt-MLT (rizatriptan), Sumavel DosePro (sumatriptan), D) 32 units of Onzetra Xsail (sumatriptan), E) 36 units of Zembrace Symtouch (sumatriptan)? Y  N   
[Note: Coverage is provided up to an amount sufficient for treating up to eight headaches per month at the maximum daily dose of the prescribed drug.]

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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**Prescriber (Or Authorized) Signature and Date**

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