

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Calcitonin Gene-Related Peptide Receptor Antagonists (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at 1-855-296-0323.

When conditions are met, we will authorize the coverage of Calcitonin Gene-Related Peptide Receptor Antagonists (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (circle drug)

Aimovig (erenumab-aooe injection)

Ajovy (fremanezumab-vfrm injection)

Emgality (galcanezumab-gnlm injection)

Other, specify drug \_\_\_\_\_

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

Route of administration \_\_\_\_\_ Expected length of therapy \_\_\_\_\_

Member information

Member name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Member Group No.: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Member phone: \_\_\_\_\_

Prescribing physician

Physician name: \_\_\_\_\_

Specialty: \_\_\_\_\_ NPI number: \_\_\_\_\_

Physician fax: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Physician address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

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

Circle the appropriate answer for each question.

1. Has the plan authorized this medication in the past for this member (i.e., previous authorization is on file under this plan)? Y N

[If no, then skip to question 3.]

2. Is there documentation of clinical response to treatment as evidenced by reduction in migraine headache days? Y N

[No further questions.]

3. Is the requested drug prescribed by or in consultation with a neurology Y N

specialist for the prevention of migraine headache?

[If no, then no further questions.]

4. Does the member have 8 or more migraine headache days per month? Y N

[Note: medical records supporting the number of headache days must be submitted.]

[If no, then no further questions.]

5. Has the member had an inadequate response to or intolerable side effects with at least three medications for migraine prophylaxis from two different classes (examples of migraine prophylaxis medication include: A) beta-blocker: propranolol, metoprolol, atenolol; B) anticonvulsant: valproic acid or divalproex, topiramate; C) antidepressants: amitriptyline, venlafaxine)? Y N

[If no, then no further questions.]

6. Is the member 18 years of age or older? Y N

**Comments:**

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

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