



7. Member has tried and failed a  $\geq$  1 month trial of any **TWO (2)** of the **following** oral medications:  Yes  No
- Antidepressants (e.g., amitriptyline, venlafaxine)
  - Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
  - Anti-epileptics (e.g., valproate, topiramate)
  - Angiotensin converting inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan)

**Renewal Approval – Twelve (12) months:**  
All criteria **MUST** be completed or authorization will be delayed.

1. Did the member demonstrate significant decrease in the number, frequency, and/or intensity of headaches?  Yes  No
- AND**
2. Does the member have an overall improvement in function with therapy?  Yes  No
- AND**
3. Does the member continue to utilize prophylactic intervention modalities (e.g., behavioral therapy, physical therapy, life-style modification)?  Yes  No
- AND**
4. Women of childbearing age continue to be monitored for pregnancy status.  Yes  No
- AND**
5. Absence of unacceptable toxicity (e.g., intolerable injection site pain or constipation).  Yes  No

**Medication being provided by a Specialty Pharmacy - PropriumRx**

**\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 7/19/2018  
REVISED/UPDATED: 9/30/2018; 11/3/2018.