

Member's Last Name:

Nurtec

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's First Name:

	SCAN ID number:			ate of Birth:	
Prescriber's Name:			ime: C	ontact Person:	
Office phone:			0	ffice Fax:	
Medication:			Dia	agnosis:	
SECTION A Please answer the following questions:					
1.	θ Yes	θ Νο	Is the diagnosis or indication for	the preventive treatment of episodic migraine?	
2.	θ Yes	θ Νο	Is the diagnosis or indication for the acute treatment of migraine with or without aura?		
3.	θYes	θ Νο	Has the member had an inadequate response to at least one standard generic preventive antimigraine therapy, such as a beta blocker (for example, propranolol, metoprolol, et cetera), an antidepressant (for example, venlafaxine, et cetera), or an anticonvulsant (for example, topiramate, divalproex, et cetera), or are these therapies contraindicated in this member?		
4.	θYes	θ Νο	Has the member had an inadequate response to at least one generic triptan therapy (for example, sumatriptan, zolmitriptan, naratriptan, rizatriptan, et cetera), or is triptan therapy contraindicated in this member?		

Please document the symptoms and/or any other in	formation important to this review:
SECTION B Physician Signature	
PHYSICIAN SIGNATURE	DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at http://www.scanhealthplan.com