



Prior Authorization Form

**Arkansas Blue Cross and Blue Shield (Medicare)  
Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)  
Frova Post Limit (Medicare Prior Authorization)**

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.  
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Frova Post Limit (Medicare Prior Authorization).

**Drug Name (select from list of drugs shown)**

Frova (frovatriptan)

**Patient Information**

Patient  
Name: \_\_\_\_\_  
Patient ID: \_\_\_\_\_  
Patient  
Group No.: \_\_\_\_\_  
Patient  
DOB: \_\_\_\_\_

**Prescribing Physician**

Physician  
Name: \_\_\_\_\_  
Physician  
Phone: \_\_\_\_\_  
Physician  
Fax: \_\_\_\_\_  
Physician  
Address: \_\_\_\_\_  
City, State,  
Zip: \_\_\_\_\_

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

Please circle the appropriate answer for each applicable question.

- |  |   |   |
|--|---|---|
| 1. Does the patient have a diagnosis of migraine headache?   | Y | N |
| 2. Does the patient experience more than four migraine headaches per month?<br>[No authorization is required for a quantity sufficient to treat four or fewer headaches per month.]  | Y | N |
| 3. Is the patient currently using migraine prophylactic therapy?<br>[Examples include: amitriptyline, Depakote, fluoxetine, nadolol, propranolol, sodium valproate, timolol, topiramate, verapamil.]<br>[If the answer to this question is yes, skip to question 5.] | Y | N |
| 4. Has the patient failed or been intolerant to at least 2 different migraine prophylactic therapies, or are all migraine prophylactic therapies contraindicated for the patient?  | Y | N |
| 5. Given the potential for medication overuse headache when triptan drugs are used with increased frequency, has the possibility that the patient is experiencing medication overuse headache been considered and ruled out?   | Y | N |
| 6. Is the patient taking this medication in combination with another triptan (Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Treximet, or Zomig) or an ergotamine-containing drug (examples include:   | Y | N |



**Arkansas  
BlueCross BlueShield**

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7. Does the patient have confirmed or suspected cardiovascular or cerebrovascular disease, or uncontrolled hypertension?      Y      N

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

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

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