



Office of the Medical Director
PO Box 44321
Olympia WA 98504-4321

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist for Treatment of Chronic Migraine

Please fax completed form, along with any supportive medical documentation, to: 360-902-6315.

Claim Number	Injured Worker's Name
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Section 1

Is this the initial request? Yes — Go to Section 2 No — Go to Section 3

Section 2

Criteria for initial course (all of the following must be met):

1. Is the chronic migraine diagnosis causally related to the industrial injury or occupational disease? Yes No
2. Has the worker kept a daily headache diary for ≥ 3 months noting the frequency, duration and quality of headaches? Submit a copy of the diary. Yes No
3. Does the worker meet the International Headache Society's diagnostic criteria for chronic migraine (headache on ≥ 15 days per month for > 3 months, which has migraine features on ≥ 8 days per month)? Yes No
4. Has the worker tried ≥ 3 prophylaxis drugs from ≥ 2 different classes? Yes No

Anticonvulsants

divalproex sodium/valproate
topiramate

Antidepressants

amitriptyline
venlafaxine

Beta-blockers

metoprolol
propranolol
timolol

If "Yes", specify:

Drug #1:	Date:	Outcome:
Drug #2:	Date:	Outcome:
Drug #3:	Date:	Outcome:

5. Is drug therapy being managed to avoid medication overuse headaches (no use of triptans for 10 or more days per month, and/or use of analgesic for 15 or more days per month)? Yes No
6. Is use of CGRP part of an agreed upon, time-limited, rehabilitative treatment plan? Yes No

If "Yes", specify:

Section 3

Criteria for continued coverage (all of the following must be met):

1. Was the CGRP receptor antagonist well-tolerated during the 90-day trial? Yes No
2. Did drug trial result in ≥ 50% reduction in headache days per month from baseline? Yes No
If "Yes", submit a copy of headache diary with this form.
3. Did the drug trial result in rehabilitative benefit (e.g. participation in vocational rehabilitation or return to work)? Yes No

If "Yes", specify:

Section 4

Prescriber Name	Prescriber Phone Number
Signature	Date