PA Submission Checklist for Migraine and Cluster Headache Treatment

Use this checklist to help streamline PA submissions and reduce delays in patient access to therapy

As part of the prior authorization (PA), the health care provider may be required to show evidence as to why the prescribed treatment is medically necessary for the patient based on clinical criteria. Specific PA requirements, including the list of treatments that require PA for approval and/or specific PA forms, depend on the patient's health insurance plan.

Information that may be needed during the PA process

- ☐ PA request form (generally available on the insurer's website or by contacting the insurer)
- ☐ Letter of Medical Necessity and/or Letter of Medical Exception
- ☐ Summary of the patient's medical history *(see below for details)*

Patient and insurance information

- ☐ Patient information (name, address, date of birth, Social Security number)
- ☐ Insurer information (name of policyholder, ID number, group number, plan address, phone number, and copy of front and back of the insurance card)
- ☐ Physician and facility information (name, provider ID number, and tax ID number)
- ☐ Rationale for treatment (medical need and the reason[s] for the medication/service being requested)

Diagnosis confirmation

- ☐ Summary of the patient's disease diagnosis
  - Confirmed diagnosis of migraine ICD-10 codes[1]:
    - ☐ G43.0 Migraine without aura ☐ G43.1 Migraine with aura
    - ☐ G43.9 Migraine, unspecified ☐ Other: _____
  - Confirmed diagnosis of cluster headache ICD-10 codes[1]:
    - ☐ G44.001 Cluster headache syndrome, unspecified, intractable
    - ☐ G44.009 Cluster headache syndrome, unspecified, not intractable
    - ☐ G44.011 Episodic cluster headache, intractable
    - ☐ G44.019 Episodic cluster headache, not intractable
    - ☐ Other: _____
  - Date of diagnosis
  - Patient medical records and current treatments
  - Treating physician's assessment of prognosis and disease course

Reference: 1. ICD-10-CM tabular list of diseases and injuries. Centers for Disease Control and Prevention. April 1, 2022. Accessed June 9, 2026. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf

PA checklist (continued)

History and response

- ☐ Prior migraine or cluster headache treatments/procedures and dates
- ☐ Current severity of migraines or cluster headaches
- ☐ Clinical response and any adverse effects to previous treatments. Examples may include:
  - Clinical proof of failure of triptans (eg, such as migraine resistance)
  - Clinical proof of failure of other migraine and cluster headache treatments
  - Recorded adverse effects from triptans or contraindications of gepants

Supporting documentation

- ☐ Relevant HCPCS codes for products
- ☐ Relevant information regarding the treatment decision
  - Product prescribing information and NDC

Please note that this checklist is not intended to provide a full list of PA requirements or to act as medical guidance or a suggestion to complete a PA or appeal. Providers should use clinical judgment based on individual patient needs.

HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.

Before PA submission, please confirm any PA requirements and the preferred method (fax or electronic), as well as whether the plan has a product- or category-specific PA form

Sterling Specialty Pharmacy and Walgreens Specialty Pharmacy have partnered with Amneal for PA submission and verification

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