Washington State Department of Labor & Industries

OnabotulinumtoxinA for Prevention of Chronic Migraine

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

Please fax completed form, along with any supportive medical documentation to: 360-902-9170.

Claim Number	Injured Worker's Name

Section 1

Billing code(s): _____ Estimated date of procedure: _____

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

L&I covers a maximum of five (5) treatment cycles for chronic migraine. The International Headache Society's diagnostic criteria for chronic migraine is headache on ≥ 15 days per month for > 3 months, which has the features of migraine headache ≥ 8 days per month. See coverage decision (OnabotulinumtoxinA for Chronic Migraine) for additional information.

Section 2

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

Is the migraine diagnosis causally related to the industrial injury or occupational disease? ☐ Yes ☐ No

Has the worker kept a daily headache diary for ≥ 3 months? ☐ Yes ☐ No

If "Yes", submit a copy with this form.

Does the worker meet the International Headache Society's diagnostic criteria for chronic migraine (see box above for criteria)? ☐ Yes ☐ No

Has the worker tried ≥ 3 prophylaxis drugs from ≥ 2 different classes? ☐ Yes ☐ No

Anticonvulsants	Antidepressants	Beta-blockers
divalproex sodium	amitriptyline	metoprolol
topiramate	venlafaxine	propranolol
		timolol

If "Yes", specify:

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

Is drug therapy being managed to avoid medication overuse headaches (no routine use of analgesics)? ☐ Yes ☐ No

Section 3

Criteria for additional courses (all of the following must be met):

Were previous botulinum toxin injections well-tolerated (no severe adverse outcomes)? ☐ Yes ☐ No

Did previous botulinum toxin injections result in ≥ 50% reduction in headache days per month? ☐ Yes ☐ No

If "Yes", submit a copy of headache diary with this form.

Section 4

Prescriber Name	Prescriber Number
Signature	Date

RESET

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