

## PATIENT INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

## PRESCRIBER INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_ Tax I.D.: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Phone with Extension: \_\_\_\_\_

## STATEMENT OF MEDICAL NECESSITY:

Date of Diagnosis: \_\_\_\_\_ Primary ICD-10: \_\_\_\_\_ Secondary ICD-10: \_\_\_\_\_  
 Type of Migraine: Fully Reversible Partially Reversible Number of Attacks: Per Day \_\_\_\_\_ Per Month \_\_\_\_\_  
 Aura Symptoms Present: Yes No

## PRIOR TREATMENTS (Beta Blockers, Anticonvulsants, Botox, Tricyclic Antidepressants, NSAIDs, Triptans, Ergots):

\_\_\_\_\_

**REQUIRED INFORMATION:** Please fax copy of *Prescription and Insurance Cards* (front and back), as well as *Clinical Chart Notes and Labs/Test Results*

## PRESCRIPTION INFORMATION:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Strength	Directions	Quantity/Refills
Aimovig®	70 mg/mL SureClick® Autoinjector	Inject 70mg subcutaneously once monthly	Qty: _____
	140 mg/mL SureClick® Autoinjector	Inject 140mg subcutaneously once monthly	Refills: _____
Ajovy™	225 mg/1.5mL prefilled syringe	225 mg SC monthly	Qty: _____
		675 mg SC once every 3 months	Refills: _____
Emgality™	100mg/ml Prefilled Syringe (for cluster headaches)	Inject 300mg subcutaneously (3 consecutive injections of 100mg) at onset of cluster cycle, then monthly until end of cluster cycle	Qty: _____ Refills: _____
	120 mg/mL single-dose prefilled pen	<b>Loading Dose:</b> Inject 240mg (contents of 2 pens) subcutaneously on day 1	Qty: _____
		<b>Maintenance Dose:</b> Inject 120mg subcutaneously once a month	Qty: _____ Refills: _____

## PHYSICIAN SIGNATURE REQUIRED:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_