

Date of medication request: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient information and medication requested**

Patient's name:	Medicaid number:
Date of birth:	Gender:
Drug name:	Strength:
Dosing directions:	Length of therapy:

**Prescriber information**

Prescriber last name:	Prescriber first name:
Prescriber address:	Prescriber representative:
NPI number:	Specialty:
Phone #:	Fax #:

**Clinical history**

1. Does the patient have a diagnosis of migraine, with or without aura, based on International Classification of Headache Disorders (ICHD-III) diagnostic criteria?  Yes  No

2. Is a neurologist or pain specialist prescribing this medication, or has one of these specialists been consulted in this case?  Yes  No

3. Has medication overuse headache been ruled out by trial and failure of titrating off acute migraine treatments in the past?  Yes  No

4. On average, how many migraine days per month has the patient had for the past 3 months?

5. Has the patient tried and failed a ≥ 1-month trial of, or have a contraindication to any 2 of the following oral medications:  Yes  No

a. Antidepressants (e.g., amitriptyline, venlafaxine)

b. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)

c. Anti-epileptics (e.g., valproate, topiramate)

d. Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan)

If yes, please list treatment failures and provide dates:

Provide any additional information that would help in the decision-making process. If additional space is needed, please use a separate sheet.

**For renewals only**

1. Has the patient demonstrated significant decrease in the number, frequency, and/or intensity of headaches?  Yes  No

2. Has the patient had an overall improvement in function with therapy?  Yes  No

Signature of prescriber: \_\_\_\_\_ Date: \_\_\_\_\_  
(prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.