

## PRESCRIPTION INFORMATION AND ENROLLMENT FORM

Please complete and fax this form to ProCare Pharmacy: 855-818-3781

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

### PRESCRIBER INFORMATION

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Key Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PRESCRIPTION INFORMATION

Rx: **Nerivio** Quantity: 1 Refills:  12  24  Other \_\_\_\_\_

**Directions:** Begin treatment within 60 minutes of migraine onset. Set a strong, yet comfortable intensity level for each 45-minute treatment.

- Diagnosis (Select ICD10):**
- G43.709** Chronic migraine without aura, not intractable, without status migrainosus
  - G43.009** Migraine without aura, not intractable, without status migrainosus
  - G43.109** Migraine with aura, not intractable, without status migrainosus
  - G43.719** Chronic migraine without aura, intractable, without status migrainosus
  - G43.711** Chronic migraine without aura, intractable, with status migrainosus
  - G43.909** Migraine, unspecified, not intractable, without status migrainosus
  - G43.** \_\_\_ \_\_\_ (Fill in 3 digits to complete diagnosis code)

#### Clinical Criteria

- Tried and failed abortive generic migraine medications (check all that apply)
- |                                    |                                   |                                    |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> Sumatriptan  | <input type="radio"/> Rizatriptan | <input type="radio"/> Eletriptan   |
| <input type="radio"/> Zolmitriptan | <input type="radio"/> Almotriptan | <input type="radio"/> Other: _____ |

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### METHODS OF PATIENT ENROLLMENT:

Attach, email or fax patient's insurance information if possible

Fax form to ProCare Rx: 855-818-3781 | Email form to ProCare Rx: neriviorx@procarerx.com

E-prescribe to ProMod Rx (Miramar, FL)

NCPDP: 5742627 NPI: 1396394805