



Please complete ALL information below and fax your request to 1-888-671-5285

# Imitrex® injection, Imitrex® STATdose System®, Sumavel® DosePro® & Zembrace® SymTouch® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Migraine headache	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<b>Medication History:</b>
Select if the patient has had an inadequate response or inability to tolerate the following generic triptans as appropriate for the patient's age:
<input type="checkbox"/> Eletriptan
<input type="checkbox"/> Naratriptan
<input type="checkbox"/> Rizatriptan
<input type="checkbox"/> Sumatriptan
<input type="checkbox"/> Zolmitriptan
<input type="checkbox"/> Other: _____

<b>Quantity Limit Requests:</b>	
What is the quantity requested per MONTH? _____	
Has the patient been examined by a neurologist within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select if the patient has had a trial of prophylactic treatment of the following:	
<input type="checkbox"/> Beta-blocker	<input type="checkbox"/> Topiramate
<input type="checkbox"/> Calcium channel blocker	<input type="checkbox"/> Tricyclic antidepressant
<input type="checkbox"/> Cyproheptadine	<input type="checkbox"/> Valproic acid

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.