

PHYSICIAN NAME		PATIENT NAME	
PHYSICIAN CONTACT PERSON		PATIENT INSURANCE ID #	
PHYSICIAN PHONE	PHYSICIAN FAX	PATIENT DATE OF BIRTH	
PHYSICIAN ADDRESS			
Street	City	State	Zip

<b><u>QUANTITY LIMITATIONS:</u></b>	<b><u>Short Term:</u></b>	<b><u>Extended Supply:</u></b>
Migranal nasal spray	<b>16 mg per 30 days</b> 1 kit (2 mg/amp, 8 amps/kit)	<b>48 mg per 90 days</b> 3 kits (2 mg/amp, 8 amps/kit)
Quantity Requested per 30 days: _____		

To request coverage of quantities greater than above, please check all that are applicable.

1. The patient has a diagnosis of moderate to severe migraine headache. (Headaches are not considered tension type or chronic daily headaches.)  YES  NO

2. The patient has tried and failed at least 2 other abortive migraine therapies.  YES  NO  
Examples of medications used for abortive therapy include:

- Ibuprofen (Motrin®)
- Diclofenac (Voltaren®)
- Flurbiprofen (Ansaid®)
- Ergotamine-containing products (Cafergot®, Wigraine®, Ergomar®, etc.)
- Isometheptene mucate/Dichloralphenazone/Acetaminophen (Midrin®, etc.)
- Triptan medications (e.g.: Amerge®, Axert®, Frova®, Imitrex®, Maxalt®, Relpax®, Zomig®)

List names of medications tried: \_\_\_\_\_

3. For patients experiencing >4 severe headaches per month, prophylactic therapy has been given an adequate trial.  YES  NO

List names of medications tried: \_\_\_\_\_

4. The possibility of medication-induced, rebound, or chronic daily headaches has been considered.  YES  NO

5. This drug will not be used in combination with a Triptan or another ergot-containing medication due to possibility of increased blood pressure effect.  YES  NO

6. This drug will not be used in conjunction with a beta-blocker due to possibility of increase in vasoconstrictive activity. (Note: Beta-blockers, by blocking vasodilatory effects of epinephrine, may potentiate the vasoconstrictive action of ergotamine.)  YES  NO

I certify that, to the best of my knowledge, the above information is accurate:

Physician signature required: \_\_\_\_\_

**Please Return Completed Form To:**  
 Fax number: 1-888-446-8535  
 Address: PARTNERS  
 Attention: Exceptions-Health Services  
 P.O. Box 17509  
 Winston-Salem, NC 27116-7509  
 Provider telephone: 1-888-296-9790