MIGRAINE

INFUSION REFERRAL & ORDER

P: 331-236-0610 | F: 331-314-8989 Fax with insurance cards + clinical notes

PATIENT → Attaching a face sheet? Skip this box.

PATIENT NAME	DATE OF BIRTH	PHONE

ALLERGIES	PRIMARY INSURANCE	POLICY #	GROUP #

REFERRING PRESCRIBER

PRESCRIBER NAME	NPI #	PHONE	FAX

DIAGNOSIS check one

- ☐ G43.709 Chronic migraine, not intractable
- ☐ G43.719 Chronic migraine, intractable
- ☐ G43.911 Migraine with status migrainosus
- ☐ G43.009 Migraine without aura
- ☐ G43.109 Migraine with aura
- ☐ Other: _____

PREVENTIVE — VYEPTI

☐ **100 mg IV every 3 months** ☐ **300 mg IV every 3 months** ☐ Other: _____

Refills: ☐ × 1 year ☐ _____

ACUTE MIGRAINE INFUSION check the components to include

Pre-meds	☐ Metoclopramide 10 mg IV ☐ Ketorolac 30 mg IV ☐ Ondansetron ☐ 4 mg ☐ 8 mg IV ☐ Famotidine 20 mg IV ☐ Diphenhydramine 25 mg IV ☐ Methylprednisolone 125 mg IV ☐ None ☐ Other: _____
Magnesium	☐ 1 g IV in 250 mL normal saline over 1 hour, daily × _____ day(s)
Valproate	☐ 500 mg ☐ 750 mg IV in 250 mL normal saline over 1 hour
Fluids	☐ 0.9% normal saline 1,000 mL IV ☐ Other: _____
Frequency	☐ One-time dose ☐ PRN for: _____ ☐ Repeat regimen Refills: ☐ 1 month ☐ 2 months ☐ 3 months ☐ × 1 year

WHAT THE PLAN WILL ASK FOR → a blank here is the most common reason we get denied

Headache days per month: _____ ☐ Chronic — 15 or more headache days, or 8 or more migraine days

☐ Episodic — fewer than 15 headache days, or 4 to 14 migraine days

Preventive therapy tried and failed, or not tolerated:

☐ Amitriptyline ☐ Beta blocker ☐ Divalproex ☐ Topiramate ☐ Venlafaxine ☐ Other: _____

CGRP agent tried and failed, or not tolerated:

☐ Aimovig ☐ Ajovy ☐ Emgality ☐ Other: _____ ☐ None tried

PLEASE ATTACH

☐ Face sheet ☐ Insurance cards ☐ Medication list ☐ Clinical notes ☐ Headache diary, if available

Labs: _____ Frequency: _____ Drawn by: ☐ LIVbetter ☐ Referring

Other orders: _____

SIGNATURE we cannot schedule without it

PRESCRIBER SIGNATURE	DATE	DISPENSE AS WRITTEN
X		☐ Yes

By signing, you authorize LIVbetter Infusions to act as your prior authorization and specialty pharmacy designated agent with insurance companies and to select the site of care.