



Date _____

Client _____

PRIOR AUTH CRITERIA- TRIPTAN QUANTITY LIMIT

<i>M.D. Last Name:</i> _____	<i>M.D. First Name:</i> _____
<i>Physician Phone:</i> _____	<i>Physician Fax:</i> _____
<i>Patient</i> _____	<i>ID#</i> _____ <i>DOB</i> _____

TO ENSURE PROMPT PROCESSING PLEASE COMPLETE ALL OF THE QUESTIONS.

1. Please indicate the product being selected:

- | | | |
|--|--|--|
| <input type="checkbox"/> Imitrex tablets | <input type="checkbox"/> Imitrex Nasal Spray | <input type="checkbox"/> Imitrex injection |
| <input type="checkbox"/> Maxalt tablets | <input type="checkbox"/> Maxalt MLT Tablets | |
| <input type="checkbox"/> Zomig tablets | <input type="checkbox"/> Zomig ZMT Tablets | <input type="checkbox"/> Zomig Nasal Spray |
| <input type="checkbox"/> Relpax tablets | | |
| <input type="checkbox"/> Axert tablets | | |
| <input type="checkbox"/> Frova tablets | | |

2. Please indicate the patient's diagnosis:

- | | |
|--|---|
| <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Cluster headache |
| <input type="checkbox"/> Other* _____ | |

*Note: If "Other" diagnosis is used, please attach a study with efficacy data supporting this request

3. Strength and Quantity Requested: _____

4. Which FDA approved migraine preventative meds are being used or have been tried/failed with dates used**:

- | | |
|--|-------------------|
| <input type="checkbox"/> Topamax® | Dates Used: _____ |
| <input type="checkbox"/> Depakote ER® | Dates Used: _____ |
| <input type="checkbox"/> Propranolol tablets | Dates Used: _____ |
| <input type="checkbox"/> timolol tablets | Dates Used: _____ |

**Note: Please attach chart notes to document patient's use of preventative medications

5. List other preventative treatments tried/failed and dates: _____

6. Is the prescribing physician a neurologist? Yes No

Physician Signature or name of person providing answers _____

Physician Comments _____

Send or Fax completed form to:
877-329-7279

RESTAT
P.O. BOX 758
WEST BEND, WI 53095

QUESTIONS PLEASE CALL:
877-526-9906