

Patient's Name: _____ Date of Birth (MM/DD/YYYY): _____

Date (MM/DD/YYYY): _____ Insurance: _____

ID #: _____ Group #: _____

Section 1: Headache History

1.1 On average, how long does the patient's headaches last?

- 0 to 4 hours 5 to 8 hours 9 to 12 hours 13 to 24 hours 24+ hours

1.2 On average, how many migraine days did the patient experience per month over the past 3 months?

- 0 to 4 days 5 to 14 days 15+ days

1.3 Has the number of migraine days increased or decreased over the past 3 months?

- Increased Decreased Same

1.4 Describe the headache pain.

- Aching Electric Dull Sharp Throbbing/Pounding

1.5 What symptoms has the patient experienced during their headaches?¹

Have they experienced other considerations or disabilities due to headaches?

- Inability to function normally Nausea and/or vomiting Other
 Unilateral location Sensitivity to light (photophobia)
 Pulsating quality Sensitivity to sound (phonophobia)
 Moderate or severe pain intensity

1.6 Which diagnosis/diagnoses has the patient been given for their headaches, if any?²

- G43** Migraine **G43.109** Migraine with aura, not intractable, without status migrainosus
 G43.009 Migraine without aura, not intractable, without status migrainosus **G43.119** Migraine with aura, intractable, without status migrainosus
 G43.019 Migraine without aura, intractable, without status migrainosus **G43.909** Migraine, unspecified, not intractable, without status migrainosus

Note: Codes are provided for informational purposes only. List may not be comprehensive. The healthcare provider is responsible for determining appropriate coding for treatment of their patients. Codes are not intended to encourage or suggest a medication use that is inconsistent with FDA-approved uses.

1.7 List any contraindications to any migraine medications:

1.8 If the patient has discontinued a migraine medication, check the reason and provide an explanation below:

- Efficacy/inadequate response Side effects/tolerability Other

Explain:

FDA, Food and Drug Administration.

This resource is for informational purposes only. It provides examples of the type of information that may be required when submitting a prior authorization to a patient's insurance company and is not comprehensive of all information that may be required. Provision of this information does not guarantee approval or reimbursement. Coverage and policy information can change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement requirements and providing accurate and appropriate information regarding the medical history of their patients. This is not intended to be a substitute for or to influence the independent clinical decision-making of the prescriber.

Patient Migraine History (cont.)

Patient's Name: _____ Date of Birth (MM/DD/YYYY): _____

Date (MM/DD/YYYY): _____

Section 2: Acute/Abortive Medication History

- 2.1 Has the patient been evaluated for an acute/abortive medication for their migraine? Yes No
- 2.2 Have they been seen by a specialist? Yes No
- 2.3 Identify all medications* that the patient has tried or is currently taking. In the space(s) below, write the name(s) of the medication(s), how long they were on each medication, and any positive or negative outcome(s).

CGRP receptor antagonists
(eg, rimegepant, ubrogepant)¹

Combination therapies
(eg, acetaminophen, aspirin, caffeine)¹

Ergotamines
(eg, dihydroergotamine, ergotamine)³

NSAIDs/acetaminophen
(eg, aspirin, ibuprofen)¹

Triptans
(eg, sumatriptan, zolmitriptan)³

Other

Section 3: Preventive Medication History

- 3.1 Has the patient been evaluated for a preventive medication for their migraine? Yes No
- 3.2 Have they been seen by a specialist? Yes No
- 3.3 Identify all medications* that the patient has tried or is currently taking. In the space(s) below, write the name(s) of the medication(s), how long they were on each medication, and any positive or negative outcome(s).

Antidepressants
(eg, amitriptyline, venlafaxine)³

Antiepileptics/anticonvulsants
(eg, divalproex sodium, topiramate)³

Beta/calcium channel blockers
(eg, propranolol, nimodipine)^{3,4}

Botulinum toxin type A
(eg, onabotulinumtoxinA)³

CGRP antagonists
(eg, fremanezumab-vfrm, galcanezumab-gnlm)^{5,6}

CGRP receptor antagonists
(eg, rimegepant, atogepant)¹

Other

CGRP, calcitonin gene-related peptide; NSAID, nonsteroidal anti-inflammatory drug.

*For informational purposes only. Medications listed may not represent all alternatives for the therapeutic class. This information is not intended to imply that these products have comparable FDA-approved indications, clinical efficacy, or safety profiles; or that these products are interchangeable. Please refer to the full Prescribing Information for each for complete information.

References: 1. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039. doi:10.1111/head.14153. 2. Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. <https://www.cms.gov/files/zip/2026-code-tables-tabular-and-index.zip>. Updated October 1, 2025. Accessed March 16, 2026. 3. Robbins L. Migraine treatment: what's old, what's new. *Pract Pain Manag*. 2017;17(5). <https://www.medcentral.com/pain/chronic/migraine-treatment-what-old-what-new>. Accessed March 16, 2026. 4. Das JM, Zito PM. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026. 5. AJOVY. Package insert. Teva Pharmaceuticals USA, Inc. 6. Emgality. Package insert. Eli Lilly and Company.