Parkway
SPECIALTY PHARMACY

Migraine Enrollment Form

3502 U.S. Highway 9. Howell. N.J. 07731 | www.**parkwaysp**.com | Email: intake@parkwaysp.com | Phone: 1-866-355-7797 | Fax: 1-888-551-6289

PATIENT INFORMATION

Name:	Date of Birth:		O Male O Female
Address:	City:	State:	Zip:
Phone:	Alt Phone:		Email:
SS #:	Primary Language:		Emergency Contact:

PRESCRIBER INFORMATION

Prescribing Practitioner:				NPI#:
Supervising Physician:				NPI#:
Address:	City:	State:	Zip:	Tax ID:
Phone:	Fax:			Office Contact:

MEDICAL INFORMATION

** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **

O ICD-10 Code & Description: ____________________

Patient Evaluation:

Height: ____________________in/cm Weight: ____________________ kg/lbs

Allergies:____________________

Previous medications tried: ____________________

Name: ____________________ Date: ____________________

Name: ____________________ Date: ____________________

PRESCRIPTION INFORMATION

Needs by Date:

Ship to: O Patients home O Prescriber 1st order only O Prescriber all orders O Other

Drug	Dose	Directions	Quantity	Refills
O Aimovig (erenumab-aooe) injection	O 70 mg Autoinjector	O Inject 70mg subcutaneously once every 4 weeks into the upper arm, thigh, or abdomen	O 1 Pen	
	O 140 mg Autoinjector	O Inject 140mg subcutaneously once every 4 weeks into the upper arm, thigh, or abdomen. (2 x 70mg consecutively.)	O 2 Pen	
O Ajovy (fremanezumab-yfrm)	O 225 mg/1.5 mL PFS	O Inject 225mg subcutaneously once a month into the upper arm, thigh, or abdomen or O Inject 675mg subcutaneously once every 3 months into the upper arm, thigh, or abdomen. *The 675mg quarterly dosage is administered as three consecutive injections of 225 mg each.*	O 1 Pen O 3 Pens	
O Emgality (galcanezumab-gnlm)	O 120 mg PFP	O Inject an initial dose of two 120mg injections O Inject one 120mg injection for subsequent ______ months.	O 2 Pens O 1 Pen	
O Botox (onabotulinumtoxin A)	O 200 Units	Recommended total dose 155 Units, as 0.1mL (5 Units). Injections per each site divided across 7 head/neck muscles.	O 1 Vial	
O Vyepti (eptonezumab-jjmr)	O 100mg/mL solution	O Infuse 100mg over approximately 30 minutes every 3 months. Dilute only in 100mL of 0.9% Sodium Chloride Injection		

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner: Date

CONFIDENTIALITY NOTICE

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Faxed Prescriptions will only be accepted from a prescribing practitioner.