

Prescription Information and Enrollment Form

Healthcare Provider must complete and fax this form to
ProCare Rx: 855-818-3781

Face/Demo Sheet Attached

PATIENT INFORMATION (REQUIRED)

Patient Name: _____ DOB: _____
 Phone: _____ E-mail: _____
 Address: _____ City: _____ State: _____ Zip: _____

PRESCRIBER INFORMATION (REQUIRED)

Healthcare Provider Name: _____ NPI: _____
 Address: _____ Prior Authorization Coordinator: _____
 City: _____ State: _____ Zip: _____ Phone: _____ Ext: _____ Fax: _____
 Phone: _____ Fax: _____ E-mail: _____

PATIENT DIAGNOSIS (REQUIRED)

ICD-10 code	Diagnosis
G43. _____	3 digits and diagnosis required
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.109	Migraine with aura, not intractable without status migrainosus
G43.40	Drug induced headache, not elsewhere classified, not intractable

PHARMACY PRESCRIPTION

Rx: Nerivio Quantity per fill: 1 Refills: 12 24 Other _____

Directions: Start treatment within 60 minutes of migraine onset. Set a strong, yet comfortable intensity level in the first few minutes and maintain THAT LEVEL for 45 minutes.

Healthcare Provider Signature: _____ Date: _____

ProCare PharmacyCare, LLC is committed to helping your patients receive their prescribed treatment therapy. By signing this form, you certify that you have obtained all necessary consent from the patient to obtain and disclose any information about the patient, including any protected health information (as defined in the HIPAA Privacy Rules, as amended from time to time), from the insurer, including eligibility and other benefit coverage information, for your payment and/or healthcare operation purposes. ProCare PharmacyCare, LLC agrees that it will comply with the applicable requirements to safeguard any protected health information that it obtains on your behalf, and will use and disclose this information only for the purposes specified herein or as otherwise permitted by law.

ProCare Mail Order Pharmacy

2650 SW 145th Ave
 Miramar, FL 33027-6606
 Phone: 877-210-1206
 Fax: 855-818-3781

Methods of Patient Enrollment

- Attach, email or fax patient's insurance information if possible
- Fax form to ProCare Rx: 855-818-3781
 - Email form to ProCare Rx: neriviorx@procarerx.com
 - E-Prescribe to ProCare/ProMod Rx (Miramar, FL)

Chart Notes Attached (Optional)

Please provide this product summary along with the prescription form to your Healthcare Provider

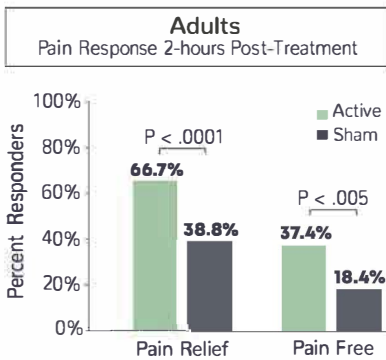


Nerivio®

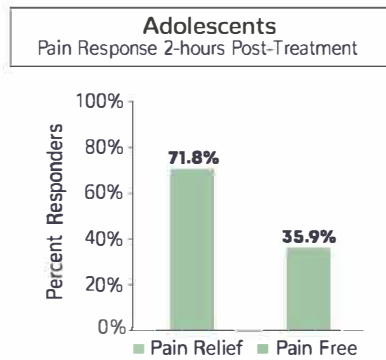
FDA Cleared, Non-pharmacologic Acute Treatment for Migraine Patients Age 12 and Over

Nerivio is an innovative remote electrical neuromodulation (REN) wearable device applied to the upper arm at the onset of migraine headaches or aura. Upon stimulation of peripheral nerves in the upper arm, Nerivio can abort or significantly relieve migraine attacks.

Clinical Trials: Acute Treatment of Migraine



Yarnitsky, et al 2019, Headache



Hershey et al, 2020, Headache

Safety in adults:

Nerivio is well tolerated. 96.4% of adult patients studied did not report any device-related side effects. The reported device-related side effects were mild, did not require treatment, and were temporal. There were no systemic side effects, no serious adverse events (SAEs), and no discontinuations due to adverse events.

Safety in adolescents:

One mild device-related adverse event (temporary feeling of pain in arm, resolved after the treatment without requiring intervention). No device-related serious adverse events. None of the participants withdrew from the study due to device-related adverse events.

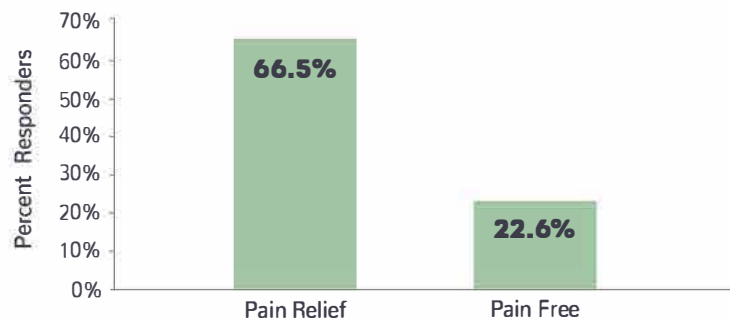
Large Size Real-World Evidence Analysis: Acute Treatment of Migraine

12,368
users analyzed
(85.1% Female)

2,514
with evaluable treatments
(86.8% Female)

Total of 121,947 treatments
(10.4% with moderate or severe pain)

Efficacy: Consistent pain response at 2 hours



Note: *2,514 patients: patients who had at least 4 evaluable treatments for the pain response analysis, i.e.: for at least 4 treatments, a patient answered the pain level question at baseline (treatment initiation) and post 2 hours (from treatment initiation).

Safety: adverse events in 59 out of 12,368 users (0.48%)



Mild -
56 users
(0.45%)



Moderate -
3
(0.03%)



Severe -
none

AilaniJ, Rabany L, Tamir S, Ironi A, Starling A. (2022). Real-World Analysis of Remote Electrical Neuromodulation (REN) for the Acute Treatment of Migraine. Front. Pain Research.

INDICATION FOR USE:

Nerivio® is indicated for acute treatment of migraine with or without aura in patients 12 years of age or older. Nerivio is a prescription use, self administered device for use in the home environment at the onset of migraine headache or aura.

IMPORTANT SAFETY INFORMATION:

Nerivio® should not be used by people with congestive heart failure, severe cardiac or cerebrovascular disease, or uncontrolled epilepsy. Nerivio® should not be used by anyone with active implantable medical devices (e.g., pacemaker, hearing aid implant). It should only be applied to the upper arm over dry, healthy skin with normal physical sensation and without any metallic implants or in proximity to cancerous lesions. Nerivio has not been evaluated in pregnancy or those under the age of 12. For full use instructions and safety information, please see the Nerivio® QuickStart Guide.

Scan for quick access to Nerivio site:

