Medications Tried & Failed

Medication List of Tried and Failed Medication for Prior Authorizations

Name	:	_DOB:	Date:	
Pleas	e ☑ below any of the following <u>head</u>	ache preventi	on medications yo	u have tried
for mi	igraine prevention therapy and the wi	rite the duratio	on of therapy and r	eason for
	e of treatment (please circle one if listed below):			
	Ajovy (Duration:) (Failed due	to:)
	Aimovig (Duration:	· ·		·
	Emgality (Duration:			
	Propranolol/Inderal (Duration:) (Fa	iled due to:	
	Metoprolol/Toprol XL (Duration:			•
	Timolol/Blocadren (Duration:			
	Venlafaxine/Effexor(Duration:) (Fail	ed due to:)
	Topiramate/Trokendi/Topamax (Duration:) (Failed due to:)			
	Depakote (Duration:) (Failed o	lue to:)
	Amitriptyline/Elavil (Duration:			
	Nortriptyline (Duration:			
	Botox (Duration:			
	Other:			·
migra	e I below any of the following <u>migra</u> ine abortive therapy write the duration nent (please circle one if listed below):			
) (Fa	iled due to:)
	Eletriptan (Relpax) (Duration:			
	Frovatriptan (Frova) (Duration:			
) (Failed due to:)	
	Naratriptan (Amerge) (Duration:	•		•
	Rizatriptan (Maxalt) (Duration:	·		·
		• •) (Failed due to:)	
) (Failed due to:)	
	Ubrelvy (Duration:) (Faile	ed due to:	,
	Nurtec (Duration:			
	Excedrin Migraine, Tylenol (Duration:			
	Fioricet/Butalbital (Duration:	· ·	•	•
	NSAIDs (Ibuprofen, aleve, naproxen, diclofenac/Cambia, ketorolac/Sprix)			
	(Duration:		• •	
	Other:	·		