

**Anti-Migraine (triptans)
Effective 2017**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

Third-Line: Third-line medications will pay if the member has filled all second-line medications or a third-line medication within the past 180 days.

Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at a first-line medication. Approval of a third-line medication will be granted if the member has had a documented inadequate response or side effect to at a first-line medication and all second-line medications.

FIRST-LINE	SECOND-LINE	THIRD-LINE
Sumatriptan	Naratriptan Eletriptan Rizatriptan Zolmitriptan	Almotriptan Frovatriptan



Limitations

1. A quantity limit of 12 units per month applies.

References

1. Lewis D, Ashwals, Hershey A., et al. Practice Parameter: Pharmacological treatment of migraine headache in children and adolescents: Report of the American Academy of Neurology Quality Standards Subcommittee and the Practice Committee of the Child Neurology Society. *Neurology* 2004;63:2215-24.
2. Silberstein SD. Practice parameter: Evidence-based guidelines for migraine headache (an evidence based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2000;55:754-762.
3. Migraine Headache: AAN Guideline Summary for Clinicians. American Academy of Neurology. 2000. Available at: http://www.aan.com/professionals/practice/guidelines/migraine/clinician_summary_migraine.pdf
4. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-base guideline update: pharmacologic treatment for episodic migraine prevention in adults – Report of the quality standards subcommittee of the AAN and the American Headache Society. *Neurology*. 2012;78:1337.
5. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-base guideline update: NSAIDs and other complementary treatments for episodic migraine prevention in adults: Report of the quality standards subcommittee of the AAN and the American Headache Society. *Neurology*. ;78:1346-53.

Review History

07/01/04 – Reviewed
09/26/05 – Updated
06/26/06 – Reviewed
06/18/07 – Reviewed
06/16/08 – Updated
11/24/08 – Reviewed
12/11/08 – Sumatriptan
01/15/09 – Sumatriptan tab coding
02/23/09 – Sumatriptan all products
04/06/09 – Sumatriptan 4mg injection
06/15/09 – 1-yr duration
06/21/10 – Reviewed
08/02/10 – Naratriptan
12/06/10 – Alsuma
06/27/11 – Reviewed
06/25/12 – Reviewed
04/15/13 – Maxalt/Maxalt-MLT generic
06/24/13 – Preferreds and Zomig tab generics

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