Anti-migraine/Triptan
Effective June 25, 2018

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth</td>
<td>☒</td>
<td>☒ Pharmacy Benefit</td>
<td>N/A</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
<tr>
<td>☐ Prior Authorization</td>
<td>☒</td>
<td>☒ Quantity Limit</td>
<td></td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐</td>
<td>☐ Step Therapy</td>
<td></td>
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</tbody>
</table>

**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

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**Overview**

N/A

**Coverage Guidelines**

<table>
<thead>
<tr>
<th>DRUG</th>
<th>QUANTITY PER 30 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>almotriptan</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>frovatriptan</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>sumatriptan 25, 50, 100mg tabs</td>
<td>12 tablets</td>
</tr>
<tr>
<td>sumatriptan injection (syringes)</td>
<td>6 kits (12 syringes)</td>
</tr>
<tr>
<td>sumatriptan injection (vials)*</td>
<td>12 vials</td>
</tr>
<tr>
<td>sumatriptan nasal spray</td>
<td>12 nasal spray devices</td>
</tr>
<tr>
<td>rizatriptan &amp; rizatriptan ODT 5mg &amp; 10 mg</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>naratriptan tabs</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>eletriptan</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>zolmitriptan 2.5mg &amp; 5mg tabs</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>zolmitriptan ODT 2.5mg &amp; 5mg tabs</td>
<td>12 tablets, when ST approved</td>
</tr>
<tr>
<td>Zomig 5mg nasal spray (zolmitriptan)</td>
<td>12 nasal spray devices, when approved</td>
</tr>
</tbody>
</table>

***Dosing Reference of Comparative Statin Potencies Available in Appendix***

AllWays Health Partners will approve requests to exceed the quantity limit if the following conditions are met:

- The patient currently has a headache (acute migraine) or cluster headache and needs a one-time override.
- OR
- The patient currently experiences 2 or more migraine headaches per week, takes medication for headache prophylaxis such as beta-blockers (propranolol, atenolol, metoprolol, etc.), tricyclic antidepressants (amitriptyline, etc.), calcium channel blockers (verapamil, etc.), anticonvulsants (Depakote (divalproex), topiramate), etc., provides documentation of therapy, and has greater than 6 attacks per month.
  - If the patient has greater than 12 attacks per month, the patient must be followed by a headache specialist, neurologist, or had an appointment with a specialist within the past year for approval.

Limitations
1. Approvals for current headaches (acute migraine) or cluster headache are granted as a one-time-only override.
2. Long term approvals are granted for up to a maximum of 2 times the quantity limit per month for up to 12 months

References

Review History
03/21/05 – Reviewed
02/27/06 – Updated
03/05/07 – Updated
12/20/07 – Updated
01/03/08 – Updated
02/25/08 – Updated
02/23/09 – Updated
09/02/09 – Avita note
02/22/10 – Updated
06/18/10 – Adapalene gel
07/23/10 – Adapalene cream
08/02/10 – Tretin-x
02/28/11 – Reviewed
02/27/12 – Reviewed
02/25/13 – Approvable dx question
04/08/13 – Updated
07/29/13 – Updated
08/26/13 – Updated
10/21/13 – Drug file
11/04/13 – Drug files
01/13/14 – Retin-A micro gel & Metrogel 1% generics
02/24/14 – Updated
05/05/14 – Differin generic
02/23/15 –Reviewed
09/18/17 – Updated
02/26/18 – Updated
06/25/18 – Reviewed

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