

**Anti-migraine/Triptan**  
**Effective 06/25/2018**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

N/A

**Coverage Guidelines**

DRUG	QUANTITY PER 30 DAYS
almotriptan	12 tablets, when ST approved
frovatriptan	12 tablets, when ST approved
sumatriptan 25, 50, 100mg tabs	12 tablets
sumatriptan injection (syringes)	6 kits (12 syringes)
sumatriptan injection (vials)*	12 vials
sumatriptan nasal spray	12 nasal spray devices
rizatriptan & rizatriptan ODT 5mg & 10 mg	12 tablets, when ST approved
naratriptan tabs	12 tablets, when ST approved
eletriptan	12 tablets, when ST approved
zolmitriptan 2.5mg & 5mg tabs	12 tablets, when ST approved
zolmitriptan ODT 2.5mg & 5mg tabs	12 tablets, when ST approved
Zomig 5mg nasal spray (zolmitriptan)	12 nasal spray devices, when approved

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

Mass General Brigham Health Plan 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

1. Da Silva AN, Tepper SJ. Acute treatment of migraines. *CNS Drugs*. 2012;26(10):823-839.[PubMed 22823482]
2. Obermann M, Holle D, Naegel S, et al. Pharmacotherapy options for cluster headache. *Expert Opin Pharmacother* 2015; 16:1177.
3. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults:*Neurology*. 2012 Apr 24; 78(17): 1337–1345.
4. Hints on Diagnosing and Treating Headache:*Dtsch Arztebl Int*. 2018 Apr 27;115(17):299-308. doi: 10.3238/arztebl.2018.0299.

### 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..

