

Anti-migraine/Triptan
Effective 06/25/2018

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	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..

