

Triptan Quantity Limit
Effective 10/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange		Program Type	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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

Triptan quantity limits align use with recommended dosing for acute migraine treatment, reduce the risk of excessive use, including medication overuse headache, and ensure members with frequent migraines receive specialist evaluation and appropriate preventive therapy.

DRUG	QUANTITY PER 30 DAYS
almotriptan tablet	18 tablets
frovatriptan tablet	18 tablets
sumatriptan 25, 50, 100mg tablet	18 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	18 tablets
naratriptan tablet	18 tablets
eletriptan tablet	18 tablets
zolmitriptan 2.5mg & 5mg tablet	18 tablets
zolmitriptan ODT 2.5mg & 5mg tablet	18 tablets
Zomig 5mg nasal spray (zolmitriptan)	12 nasal spray devices

Coverage Guidelines

Requests to exceed the quantity limit for triptans will be approved when all of the following criteria are met:

1. Member meets ONE of the following:
 - a. Member currently has a headache (acute migraine) or cluster headache and needs a one-time override.
 - b. ONE of the following:
 - i. ALL of the following:
 1. Member currently experiences 2 or more migraine headaches per week
 2. Submission of medical records (e.g. chart notes) documenting that the member 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.]

3. Member has greater than 6 attacks per month.
- ii. Member has greater than 12 attacks per month and is followed by a headache specialist, neurologist, or had an appointment with a specialist within the past year

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.
5. Wilson M-C, Jimenez-Sanders R. Medication Overuse Headache. 2016. <https://americanmigrainefoundation.org/resource-library/medication-overuse/>
6. Schwedt TJ, Alam A, Reed ML, Fanning KM, Munjal S, Buse DC, et al. Factors associated with acute medication overuse in people with migraine: results from the 2017 migraine in America symptoms and treatment (MAST) study. J Headache Pain. 2018;19(1):38. doi: 10.1186/s10194-018-0865-z.

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

07/15/26 – Reviewed and updated at July P&T. Updated limit from #12 tablets/30 days to #18 tablets/30 days.
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