

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Triptan Quantity Limit

Override(s)	Approval Duration
Quantity Limit	1 year

Oral Tablets		
Medication	Package Size	Quantity Limit
Axert (almotriptan) tablets	6 tablets (6.25 mg) 12 tablets (12.5 mg)	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Relpax (eletriptan) tablets	6 tablets (20 & 40 mg) 12 tablets (40 mg)	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Frova (frovatriptan) tablets	9 tablets	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Amerge (naratriptan) tablets	9 tablets	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Maxalt (rizatriptan) tablets Maxalt (rizatriptan) MLT tablets	12 tablets 3 tablets/unit of use carrying case	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Imitrex (sumatriptan) tablets	9 tablets	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Zomig (zolmitriptan) tablets Zomig (zolmitriptan) ZMT	3 tablets (5 mg) 6 tablets (2.5 mg)	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.
Treximet (sumatriptan/naproxen sodium) tablets	9 tablets	<ul style="list-style-type: none"> 9 tablets per rolling 30 days. May approve up to 18 tablets per rolling 30 days, if override approval criteria are met.

PAGE 1 of 4 08/23/2019

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CRX-ALL-0431-19

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Nasal Sprays		
Medication	Package Size	Quantity Limit
Imitrex (sumatriptan) Nasal Spray	Box of 6 inhalers	<ul style="list-style-type: none"> • 6 inhalers per rolling 30 days. • May approve up to 12 inhalers per rolling 30 days if override approval criteria are met.
Onzetra Xsail (sumatriptan) Nasal Powder	Box of 8 pouches, each pouch contains two 11mg nosepieces	<ul style="list-style-type: none"> • 1 kit per rolling 30 days • May approve up to 2 kits per rolling 30 days if override approval criteria are met.
Tosymra (sumatriptan) Nasal Spray	Box of 6 units	<ul style="list-style-type: none"> • 12 units per rolling 30 days
Zomig (zolmitriptan) Nasal Spray	Box of 6 inhalers	<ul style="list-style-type: none"> • 6 inhalers per rolling 30 days. • May approve up to 12 inhalers per rolling 30 days if override approval criteria are met.

Injectables		
Medication	Package Size	Quantity Limit
Imitrex (sumatriptan) Injection 4 mg/0.5mL, 6 mg/0.5 mL STAT dose prefilled cartridges, sumatriptan 4 mg/0.5 mL, 6 mg/0.5 mL pen injector/syringe	2 syringes/STAT dose systems	<ul style="list-style-type: none"> • 6 cartridges, pen injector, syringe per rolling 30 days. • May approve up to 12 pen injectors, syringes per rolling 30 days if override approval criteria are met.
	Box of 5 single dose vials	<ul style="list-style-type: none"> • 5 vials per rolling 30 days. • May approve up to 10 vials per rolling 30 days if override approval criteria are met.
Sumatriptan Injection	1, 2, 5 or 10 single dose vials	<ul style="list-style-type: none"> • 5 vials per rolling 30 days • May approve up to 10 vials per rolling 30 days if override approval criteria are met.
Sumavel (sumatriptan) Dose Pro 4 mg/0.5 mL	6 pre-filled units	<ul style="list-style-type: none"> • 6 unit devices per rolling 30 days • May approve up to 12 unit devices per rolling 30 days if override approval criteria are met.
Zembrace SymTouch (sumatriptan)	1 pre-filled syringe autojector Box of 4 pre-filled syringe autojectors	<ul style="list-style-type: none"> • 8 syringes per rolling 30 days • May approve up to 16 syringes per 30 days if override approval criteria are met.

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Transdermal		
Medication	Package Size	Quantity Limit
Zecuity (sumatriptan iontophoretic transdermal system)	Box of 4 patches	<ul style="list-style-type: none"> • 4 patches per rolling 30 days • May approve up to 8 patches per rolling 30 days if override approval criteria are met.

QUANTITY LIMITS

Injectable Override Quantity Limits:

Imitrex (sumatriptan) Injection - up to 12 injectors/syringes/cartridges or 10 vials per rolling 30 days

Sumatriptan Injection – up to 10 vials per rolling 30 days

Sumavel (sumatriptan) DosePro – up to 8 unit devices per rolling 30 days

Zembrace SymTouch (sumatriptan) – up to 16 syringes per rolling 30 days

Oral Tablet Override Quantity Limits:

Quantities up to 18 standard dosage units per rolling 30 days

Nasal Spray Override Quantity Limits:

Quantities up to 12 standard dosage units per rolling 30 days

Quantities up to 2 kits per rolling 30 days (Onzetra Xsail)

Transdermal Override Quantity Limits:

Quantities up to 8 patches per rolling 30 days

APPROVAL CRITERIA

Qualified patients may be eligible for coverage of quantities above the standard available quantity. Quantity limit overrides will be considered for people who meet all of the following criteria:

- I. Individual has a diagnosis of migraine headache, **AND**
- II. Individual has had a previous trial and an inadequate response to one of the following daily preventive therapies (AAN/AHA 2012/2015, ICSI 2013):
 - A. A tricyclic antidepressant [such as but not limited to amitriptyline, doxepin]; **OR**
 - B. A beta blocker [such as but not limited to metoprolol tartrate, propranolol, timolol, atenolol, nadolol, nebivolol]; **OR**
 - C. A calcium channel blocker [such as but not limited to nifedipine, verapamil]; **OR**
 - D. An ACE inhibitor [such as but not limited to lisinopril]; **OR**
 - E. An angiotensin receptor blocker (ARB) [such as but not limited to candesartan]; **OR**
 - F. An alpha-2 agonist [such as but not limited to guanfacine (AAN/AHA 2012)]; **OR**

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- G. An antiepileptic [such as but not limited to divalproex sodium, sodium valproate, topiramate, carbamazepine, gabapentin]; **OR**
H. Other select antidepressants [such as but not limited to venlafaxine]; **OR**
I. Cyproheptadine (Periactin).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/. Updated January 2013.
6. [The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019; 59:1-18. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456>. Accessed April 5, 2019.](#)
7. Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. *Expert Rev Neurother*. 2013; 13(9): 961-963. Available from <https://www.tandfonline.com/doi/pdf/10.1586/14737175.2013.832851>. Accessed April 5, 2019.

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