

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

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

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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

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.
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.

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Injectables		
Medication	Package Size	Quantity Limit
Alsuma (sumatriptan) Injection	2 pre-filled syringe auto injectors	<ul style="list-style-type: none"> 4 syringes per rolling 30 days. May approve up to 8 syringes per rolling 30 days if override approval criteria are met.
Imitrex (sumatriptan) Injection	2 syringes/STAT dose systems	<ul style="list-style-type: none"> 4 cartridges per rolling 30 days. May approve up to 8 cartridges 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) DosePro	6 pre-filled units	<ul style="list-style-type: none"> 4 unit devices per rolling 30 days May approve up to 8 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:

Alsuma (sumatriptan) - up to 8 syringes per rolling 30 days

Imitrex (sumatriptan) Injection - up to 8 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**

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- 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**
- 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:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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