BlueCross BlueShield
Federal Employee Program

SUMATRIPTAN & ZOLMITRIPTAN POWDERS
(powders)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

Diagnoses

Patient must have **ONE** of the following:

1. Migraine, with aura (classic or classical)
2. Migraine, without aura (common)
3. Cluster headache – acute treatment (Injectable **ONLY**)

AND ALL of the following:

a. Patient is currently using migraine prophylactic therapy **OR** the patient has had an inadequate treatment response, intolerance, or contraindication to migraine prophylactic therapy (e.g., divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, etc.)
b. **NO** hemiplegic migraine
c. **NO** basilar migraine
d. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrelvy)
e. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
f. **NO** other PA on file for any triptan agent
g. The requested dose is **not** commercially available
h. The strength does **not** exceed FDA approved limit for requested dosage form
i. The dosage form must be commercially available

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

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(powders)

Diagnoses

Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)
3. Cluster headache – acute treatment (Injectable **ONLY**)

AND ALL of the following:

a. **NO** hemiplegic migraine
b. **NO** basilar migraine
c. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrelvy)
d. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
e. **NO** other PA on file for any triptan agent
f. The requested dose is **not** commercially available
g. The strength does **not** exceed FDA approved limit for requested dosage form
h. The dosage form must be commercially available

Prior – Approval *Renewal* Limits

Same as above