

Post Limit Prior Authorization 5-HT₁ Agonists, Combinations (All Dosage Forms)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
almotriptan (all brands)	almotriptan
Frova	frovatriptan
Imitrex	sumatriptan
Maxalt/Maxalt-MLT	rizatriptan
naratriptan (all brands)	naratriptan
Onzetra Xsail	sumatriptan
Relpax	eletriptan
RizaFilm	rizatriptan
Symbravo	meloxicam/rizatriptan
Tosymra	sumatriptan
Treximet	sumatriptan/naproxen
Zembrace SymTouch	sumatriptan
Zomig	zolmitriptan
zolmitriptan (all other brands)	zolmitriptan

Indications

FDA-approved Indications

Almotriptan

Adults: Almotriptan tablets are indicated for the acute treatment of migraine attacks in patients with a history of migraine with or without aura.

Adolescents Age 12 to 17 Years: Almotriptan tablets are indicated for the acute treatment of migraine headache pain in patients with a history of migraine attacks with or without aura usually lasting 4 hours or more (when untreated).

Limitations of Use

Almotriptan tablets should only be used where a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with almotriptan tablets, the diagnosis of migraine should be reconsidered before almotriptan tablets are administered to treat any subsequent attacks. In adolescents age 12 to 17 years, efficacy of almotriptan tablets on migraine-associated symptoms (nausea, photophobia, and phonophobia) was not established. Almotriptan tablets are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine. Safety and effectiveness of almotriptan tablets have not been established for cluster headache which is present in an older, predominantly male population.

Frova

Frova is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with Frova, reconsider the diagnosis of migraine before Frova is administered to treat any subsequent attacks. Frova is not indicated for the prevention of migraine attacks. Safety and effectiveness of Frova have not been established for cluster headache.

Imitrex Injection

Imitrex injection is indicated in adults for (1) the acute treatment of migraine, with or without aura, and (2) the acute treatment of cluster headache.

Limitations of Use

Use only if a clear diagnosis of migraine or cluster headache has been established. If a patient has no response to the first migraine or cluster headache attack treated with Imitrex injection, reconsider the diagnosis before Imitrex injection is administered to treat any subsequent attacks. Imitrex injection is not indicated for the prevention of migraine or cluster headache attacks.

Imitrex Nasal Spray and Imitrex Tablets

Imitrex Nasal Spray and Imitrex Tablets are indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine headache has been established. If a patient has no response to the first migraine attack treated with Imitrex, reconsider the diagnosis of migraine before Imitrex is administered to treat any subsequent attacks. Imitrex is not indicated for the prevention of migraine attacks. Safety and effectiveness of Imitrex nasal spray and Imitrex tablets have not been established for cluster headache.

Maxalt and Maxalt-MLT

Maxalt and Maxalt-MLT are indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years old.

Limitations of Use

Maxalt should only be used where a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with Maxalt, the diagnosis of migraine should be reconsidered before Maxalt is administered to treat any subsequent attacks. Maxalt is not indicated for use in the management of hemiplegic or basilar migraine. Maxalt is not indicated for the prevention of migraine attacks. Safety and effectiveness of Maxalt have not been established for cluster headache.

Naratriptan

Naratriptan tablets are indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with naratriptan tablets reconsider the diagnosis of migraine before naratriptan tablets are administered to treat any subsequent attacks. Naratriptan tablets are not indicated for the prevention of migraine attacks. Safety and effectiveness of naratriptan tablets have not been established for cluster headaches.

Onzetra Xsail

Onzetra Xsail is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with Onzetra Xsail, reconsider the diagnosis of migraine before treatment of subsequent attacks with Onzetra Xsail. Onzetra Xsail is not indicated for the prevention of migraine attacks. Safety and effectiveness of Onzetra Xsail have not been established for the treatment of cluster headache.

Relpax

Relpax is indicated for the acute treatment of migraine attacks with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with Relpax, reconsider the diagnosis of migraine before Relpax is administered to treat any subsequent attacks. Relpax is not indicated for the prevention of migraine attacks. Safety and effectiveness of Relpax have not been established for the treatment of cluster headache.

RizaFilm

RizaFilm is indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 12 to 17 years of age weighing 40 kg or more.

Limitations of Use

RizaFilm should only be used where a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with RizaFilm, the diagnosis of migraine should be reconsidered before RizaFilm is administered to treat any subsequent attacks. RizaFilm is not indicated for the preventive treatment of migraine. Safety and effectiveness of RizaFilm have not been established for cluster headache.

Symbravo

Symbravo is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with Symbravo, the diagnosis of migraine should be reconsidered before Symbravo is administered to treat any subsequent attacks. Symbravo is not indicated for the preventive treatment of migraine attacks. Symbravo is not indicated for the treatment of cluster headache.

Tosymra

Tosymra is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with Tosymra, reconsider the diagnosis before Tosymra is administered to treat any subsequent attacks. Tosymra is not indicated for the preventive treatment of migraine. Tosymra is not indicated for the treatment of cluster headache.

Treximet

Treximet is indicated for the acute treatment of migraine with or without aura in adults and pediatric patients 12 years of age and older.

Limitations of Use

Use only if a clear diagnosis of migraine headache has been established. If a patient has no response to the first migraine attack treated with Treximet, reconsider the diagnosis of migraine before Treximet is administered to treat any subsequent attacks. Treximet is not indicated for the prevention of migraine attacks. Safety and effectiveness of Treximet have not been established for cluster headache.

Zembrace SymTouch

Zembrace SymTouch is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Use only if a clear diagnosis of migraine has been established. If a patient has no response to the first migraine attack treated with Zembrace SymTouch, reconsider the diagnosis before Zembrace SymTouch is administered to treat any subsequent attacks. Zembrace SymTouch injection is not indicated for the prevention of migraine attacks.

Zomig Nasal Spray

Zomig nasal spray is indicated for the acute treatment of migraine with or without aura in adults and pediatric patients 12 years of age and older.

Limitations of Use

Only use Zomig if a clear diagnosis of migraine has been established. If a patient has no response to Zomig treatment for the first migraine attack, reconsider the diagnosis of migraine before Zomig is administered to treat any subsequent attacks. Zomig is not indicated for the prevention of migraine attacks. Safety and effectiveness of Zomig have not been established for cluster headache. Not recommended in patients with moderate or severe hepatic impairment.

Zolmitriptan ODT

Zolmitriptan orally disintegrating tablets are indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Only use zolmitriptan if a clear diagnosis of migraine has been established. If a patient has no response to zolmitriptan treatment for the first migraine attack, reconsider the diagnosis of migraine before zolmitriptan is administered to treat any subsequent attacks. Zolmitriptan orally disintegrating tablets are not indicated for the prevention of migraine attacks. Safety and effectiveness of zolmitriptan have not been established for cluster headache.

Zomig Tablets

Zomig is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Only use Zomig if a clear diagnosis of migraine has been established. If a patient has no response to Zomig treatment for the first migraine attack, reconsider the diagnosis of migraine before Zomig is administered

to treat any subsequent attacks. Zomig is not indicated for the prevention of migraine attacks. Safety and effectiveness of Zomig have not been established for cluster headache.

Compendial Uses¹⁷

Imitrex Nasal Spray

Acute treatment of cluster headache

Onzetra Xsail

Acute treatment of cluster headache

Tosymra

Acute treatment of cluster headache

Zomig Nasal Spray

Acute treatment of cluster headache

Coverage Criteria

Cluster Headache

Authorization may be granted when the requested drug is being prescribed for the treatment of cluster headache when ALL of the following criteria are met:

- The patient does NOT have confirmed or suspected cardiovascular OR cerebrovascular disease, OR uncontrolled hypertension
- The request is for sumatriptan injection, sumatriptan nasal spray, OR zolmitriptan nasal spray (e.g., Imitrex Injection, Imitrex Nasal Spray, Onzetra Xsail, Tosymra, Zomig Nasal Spray)
- The patient meets ONE of the following:
 - The requested drug is NOT being used concurrently with another triptan 5-HT₁ agonist
 - The requested drug is being used concurrently with another triptan 5-HT₁ agonist, AND the patient requires more than one triptan 5-HT₁ agonist due to clinical need for differing routes of administration

Migraine Headache

Authorization may be granted when the requested drug is being prescribed for the diagnosis of migraine headache when ALL of the following criteria are met:

- The patient does NOT have confirmed or suspected cardiovascular OR cerebrovascular disease, OR uncontrolled hypertension

- Medication overuse headache has been considered AND ruled out
- The patient meets ONE of the following:
 - The patient is currently using migraine prophylactic therapy [NOTE: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]
 - The patient is unable to take migraine prophylactic therapies due to an inadequate treatment response, intolerance or contraindication [NOTE: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]
- The patient meets ONE of the following:
 - The requested drug is NOT being used concurrently with another triptan 5-HT1 agonist
 - The requested drug is being used concurrently with another triptan 5-HT1 agonist, AND the patient requires more than one triptan 5-HT1 agonist due to clinical need for differing routes of administration

Quantity Limits Apply

Post Limit Quantity

Please Note: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Utilize higher strength available.

Medication	Strength	Maximum dose per 24 hours	1 Month Limit	3 Months Limit
almotriptan	6.25 mg	2 tablets	18 tablets / 25 days	54 tablets / 75 days
almotriptan	12.5 mg	2 tablets 25 mg	18 tablets / 25 days	54 tablets / 75 days
Frova (frovatriptan)	2.5 mg	3 tablets 7.5 mg	27 tablets / 25 days	81 tablets / 75 days
Imitrex Injection (sumatriptan) single dose vials	6 mg	2 injections 12 mg	18 vials (9 mL) / 25 days	55 vials (27.5 mL) / 75 days

Medication	Strength	Maximum dose per 24 hours	1 Month Limit	3 Months Limit
Imitrex Injection (sumatriptan) syringes STATdose / Refill	4 mg	3 injections 12 mg	27 syringes (13.5 mL) / 25 days	81 syringes (40.5 mL) / 75 days
Imitrex Injection (sumatriptan) syringes STATdose / Refill	6 mg	2 injections 12 mg	18 syringes (9 mL) / 25 days	54 syringes (27 mL) / 75 days
Imitrex Nasal Spray (sumatriptan)	5 mg	4 sprays	36 units / 25 days	108 units / 75 days
Imitrex Nasal Spray (sumatriptan)	20 mg	2 sprays 40 mg	18 units / 25 days	54 units / 75 days
Imitrex Tablets (sumatriptan)	25 mg, 50 mg	2 tablets	18 tablets / 25 days	54 tablets / 75 days
Imitrex Tablets (sumatriptan)	100 mg	2 tablets 200 mg	18 tablets / 25 days	54 tablets / 75 days
Maxalt Maxalt-MLT (rizatriptan)	5 mg	3 tablets	27 tablets / 25 days	81 tablets / 75 days
Maxalt Maxalt-MLT (rizatriptan)	10 mg	3 tablets 30 mg	27 tablets / 25 days	81 tablets / 75 days
naratriptan	1 mg	2 tablets	18 tablets / 25 days	54 tablets / 75 days
naratriptan	2.5 mg	2 tablets 5 mg	18 tablets / 25 days	54 tablets / 75 days
Onzetra Xsail (sumatriptan)	11 mg	4 nosepieces 44 mg	32 nosepieces / 25 days (2 kits, 16 pouches)	96 nosepieces / 75 days (6 kits, 48 pouches)
Relpax (eletriptan)	20 mg	2 tablets	18 tablets / 25 days	54 tablets / 75 days
Relpax (eletriptan)	40 mg	2 tablets 80 mg	18 tablets / 25 days	54 tablets / 75 days
RizaFilm (rizatriptan)	10 mg	3 oral films	27 films / 25 days	81 films / 75 days

Medication	Strength	Maximum dose per 24 hours	1 Month Limit	3 Months Limit
		30 mg		
Tosymra (sumatriptan)	10 mg	3 sprays 30 mg	24 units / 25 days	72 units / 75 days
Treximet (sumatriptan/naproxen)	85 mg/500 mg	1-2 tablets 170 mg/1000 mg	18 tablets / 25 days	54 tablets / 75 days
Zembrace SymTouch (sumatriptan)	3 mg	4 injections 12 mg	36 autoinjectors (18 mL) / 25 days	108 autoinjectors (54 mL) / 75 days
Zomig Nasal Spray (zolmitriptan)	2.5 mg	2 sprays	18 units / 25 days	54 units / 75 days
Zomig Nasal Spray (zolmitriptan)	5 mg	2 sprays 10 mg	18 units / 25 days	54 units / 75 days
Zomig Tablets (zolmitriptan) zolmitriptan ODT	2.5 mg	2 tablets	18 tablets / 25 days	54 tablets / 75 days
Zomig Tablets (zolmitriptan) zolmitriptan ODT	5 mg	2 tablets 10 mg	18 tablets / 25 days	54 tablets / 75 days

Duration Of Approval (DOA)

- MMT 903-J: DOA: 12 months
- 1-J: DOA: 36 months

References

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12. Tosymra [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; February 2021.
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Reference number(s)
MMT 903-J, 1-J

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Document History

Written by: UM Development (LS)

Date written: 05/1998

Revised: 07/1998, 12/2000, 03/2001, 05/2001, 10/2001, 04/2002; (JG) 01/2003, 10/2003 (Zomig NS added); (RP) 1/2004; (JG) 07/2004, 07/2005; (AK) 02/2006; (CT) 06/2006; (AM) 07/2007, 04/2008 (2) (added Treximet), 07/2008, 07/2009; (KD) 07/2010; (CY) 05/2011, 10/2012 (extended duration); (RDP/TM) 04/2013, 08/2013, 10/2013; (TM) 12/2013 (add Zomig NS 2.5mg); (RP/TM) 05/2014, 10/2014 (add Sumavel 4mg); (TM) 05/2015, 09/2015 (remove Zecuity-Specialty), 02/2016 (add Onzetra Xsail and Zembrace SymTouch), 05/2016 (no clinical changes, add partial approval); (SE)11/2016 (added guidelines for approval grids); (TM) 12/2016 (rephrase question 7), 05/2017 (add mL to limits), 06/2017 (remove Alsuma); (KC) 06/2018 (non-clinical changes to question 6), 02/2019 (added Tosymra), 06/2019, 06/2020 (removed Sumavel DosePro), 10/2020 (added questions about concurrent triptan use); (TM) 06/2021 (remove brand Axert & Treximet 10-60); (MRS) 06/2022 (no clinical changes); (TM) 04/2023 (add RizaFilm), 05/2023 (no clinical changes), 04/2024 (removed brand Amerge and brand Zomig-ZMT); KMB 01/2025 (added Symbravo)

Reviewed: Medical Affairs 07/1998, 01/2001, 03/2001, 05/2001, 04/2002, 11/2003, 01/2004; 08/2004, 07/2005; (MM) 02/2006, 06/2006; (WF) 07/2007, 04/2008, 07/2008, 07/2009; 07/2010; (KP) 05/2011, 10/2012; (DC) 05/2013, (LS) 08/2013, 10/2013, (SS) 12/2013; (LMS) 05/2014, (DNC) 10/2014, (LCB) 05/2015, (GAD) 02/2016, (ME) 06/2017, (AN) 06/2018; (EPA) 02/2019; (LG) 06/2019; (CHART) 06/25/20, 10/08/20, 07/01/2021, 06/30/2022, 04/27/2023, 06/01/2023, 05/30/2024, 02/20/2025

External Review: 07/2001, 05/2002, 12/2003, 04/2004, 10/2004, 11/2005, 10/2006, 12/2007, 12/2008, 12/2009, 09/2010, 10/2011, 10/2013, 10/2014, 10/2015, 10/2016, 10/2017, 10/2018, 02/2019 (FYI), 10/2019, 10/2020, 10/2021, 10/2022, 06/2023 (FYI), 10/2023, 10/2024, 04/2025 (FYI)

Guidelines for Approval (1-J)

Duration of Approval 36 Months

Quantity for Approval See Post Limit Quantity Chart

Set 1

Yes to question(s)	No to question(s)
3, 4, 6, 8, 9	1, 2, 10

Set 2

Yes to question(s)	No to question(s)
3, 4, 6	1, 2, 8, 10

Set 3

Yes to question(s)	No to question(s)
3, 5, 6, 8, 9	1, 2, 4, 10

Set 4

Yes to question(s)	No to question(s)
3, 5, 6	1, 2, 4, 8, 10

Set 5

Yes to question(s)	No to question(s)
7, 8, 9	1, 2, 3, 10

Set 6

Yes to question(s)	No to question(s)
7	1, 2, 3, 8, 10

CRITERIA FOR APPROVAL

- | | | |
|---|--|-----------|
| 1 | Is this request for Symbravo?
[If Yes, then no further questions. If No, then go to 2.] | Yes No |
| | RPh Note: If yes, then deny. No override is required because no additional quantities are available with this post limit criteria. | |
| 2 | Does the patient have confirmed or suspected cardiovascular or cerebrovascular disease, or uncontrolled hypertension? | Yes No |

[If Yes, then no further questions. If No, then go to 3.]

- | | | Yes | No |
|----|--|-----|----|
| 3 | Does the patient have a diagnosis of migraine headache?
[If Yes, then go to 4. If No, then go to 7.] | | |
| 4 | Is the patient currently using migraine prophylactic therapy? [NOTE: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]
[If Yes, then go to 6. If No, then go to 5.] | Yes | No |
| 5 | Is the patient unable to take migraine prophylactic therapies due to an inadequate treatment response, intolerance, or contraindication? [NOTE: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]
[If Yes, then go to 6. If No, then no further questions.] | Yes | No |
| 6 | Has medication overuse headache been considered and ruled out?
[If Yes, then go to 8. If No, then no further questions.] | Yes | No |
| 7 | Is the request for sumatriptan injection, sumatriptan nasal spray, or zolmitriptan nasal spray (e.g., Imitrex Injection, Imitrex Nasal Spray, Onzetra Xsail, Tosymra, Zomig Nasal Spray) for the treatment of cluster headache?
[If Yes, then go to 8. If No, then no further questions.] | Yes | No |
| 8 | Will the requested drug be used concurrently with another triptan 5-HT ₁ agonist?
[If Yes, then go to 9. If No, then go to 10.] | Yes | No |
| 9 | Does the patient require more than one triptan 5-HT ₁ agonist due to clinical need for differing routes of administration?
[If Yes, then go to 10. If No, then no further questions.] | Yes | No |
| 10 | Does the patient require MORE than the plan allowance PER MONTH of any of the following: A) 18 units of naratriptan tablets, almotriptan tablets, Imitrex injection vials (sumatriptan), Imitrex STATdose 6 mg (sumatriptan), Imitrex nasal spray 20 mg (sumatriptan), Imitrex tablets (sumatriptan), Relpax tablets (eletriptan), Treximet tablets (sumatriptan/naproxen), Zomig tablets (zolmitriptan), zolmitriptan ODT, Zomig Nasal Spray (zolmitriptan), B) 24 units of | Yes | No |

Tosymra (sumatriptan), C) 27 units of Frova tablets (frovatriptan), Imitrex STATdose 4 mg (sumatriptan), Maxalt tablets (rizatriptan), Maxalt-MLT (rizatriptan), RizaFilm (rizatriptan), D) 32 units of Onzetra Xsail (sumatriptan), E) 36 units of Imitrex nasal spray 5 mg (sumatriptan), Zembrace SymTouch (sumatriptan)? [NOTE: Coverage is provided up to an amount sufficient for treating at least eight headaches per month at the maximum daily dose of the prescribed drug.]
[No further questions]

RPh Note: If yes, then deny and enter a partial approval per Post Limit Quantity Chart.

Mapping Instructions			
	Yes	No	DENIAL REASONS
1.	[Please select appropriate denial close option. No override required. (No additional quantities are available on this post limit).]. Deny	Go to 2	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan covers an amount up to 9 tablets per month of Symbravo (meloxicam/rizatriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met-Symbravo]</p>
2.	[Please select appropriate denial close option. For the denial verbiage, only include the requested drug.	Go to 3	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. Your plan covers an amount up to: A) 12 tablets per month of almotriptan, B) 18 tablets per month of Frova (frovatriptan), C) 12 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 12 syringe cartridges per month of Imitrex (sumatriptan) 6 mg/0.5 mL, E) 18 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 12 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 24 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 12 tablets per month of Imitrex</p>

	Remove all other drugs from verbiage.]. Deny		(sumatriptan), I) 18 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 12 tablets per month of naratriptan, K) 16 nosepieces (1 kit or 8 pouches) per month, 64 nosepieces per 3 months of Onzetra Xsail (sumatriptan), L) 12 tablets per month of Relpax (eletriptan), M) 18 films per month of RizaFilm (rizatriptan), N) 18 nasal units per month of Tosymra (sumatriptan), O) 9 tablets per month, 36 tablets per 3 months of Treximet (sumatriptan/naproxen), P) 24 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 12 tablets per month of Zomig (zolmitriptan), R) 12 tablets per month of zolmitriptan ODT, S) 12 nasal units per month of Zomig Nasal Spray (zolmitriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Quantity, Post limit criteria not met]
3.	Go to 4	Go to 7	
4.	Go to 6	Go to 5	
5.	Go to 6	[Please select appropriate denial close option. For the denial verbiage, only include the requested drug. Remove all other drugs from verbiage.]. Deny	We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. Your plan covers an amount up to: A) 12 tablets per month of almotriptan, B) 18 tablets per month of Frova (frovatriptan), C) 12 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 12 syringe cartridges per month of Imitrex (sumatriptan) 6 mg/0.5 mL, E) 18 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 12 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 24 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 12 tablets per month of Imitrex (sumatriptan), I) 18 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 12 tablets per month of naratriptan, K) 16 nosepieces (1 kit or 8 pouches) per month, 64 nosepieces per 3 months of Onzetra Xsail (sumatriptan), L) 12 tablets per month of Relpax (eletriptan), M) 18 films per month of RizaFilm (rizatriptan), N) 18 nasal units per month of Tosymra (sumatriptan), O) 9 tablets per month, 36 tablets per 3 months of Treximet

			<p>(sumatriptan/naproxen), P) 24 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 12 tablets per month of Zomig (zolmitriptan), R) 12 tablets per month of zolmitriptan ODT, S) 12 nasal units per month of Zomig Nasal Spray (zolmitriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met]</p>
6.	Go to 8	<p>[Please select appropriate denial close option. For the denial verbiage, only include the requested drug. Remove all other drugs from verbiage.]. Deny</p>	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. Your plan covers an amount up to: A) 12 tablets per month of almotriptan, B) 18 tablets per month of Frova (frovatriptan), C) 12 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 12 syringe cartridges per month of Imitrex (sumatriptan) 6 mg/0.5 mL, E) 18 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 12 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 24 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 12 tablets per month of Imitrex (sumatriptan), I) 18 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 12 tablets per month of naratriptan, K) 16 nosepieces (1 kit or 8 pouches) per month, 64 nosepieces per 3 months of Onzetra Xsail (sumatriptan), L) 12 tablets per month of Relpax (eletriptan), M) 18 films per month of RizaFilm (rizatriptan), N) 18 nasal units per month of Tosymra (sumatriptan), O) 9 tablets per month, 36 tablets per 3 months of Treximet (sumatriptan/naproxen), P) 24 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 12 tablets per month of Zomig (zolmitriptan), R) 12 tablets per month of zolmitriptan ODT, S) 12 nasal units per month of Zomig Nasal Spray (zolmitriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met]</p>

7.	Go to 8	[Please select appropriate denial close option. For the denial verbiage, only include the requested drug. Remove all other drugs from verbiage.]. Deny	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. Your plan covers an amount up to: A) 12 tablets per month of almotriptan, B) 18 tablets per month of Frova (frovatriptan), C) 12 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 12 syringe cartridges per month of Imitrex (sumatriptan) 6 mg/0.5 mL, E) 18 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 12 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 24 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 12 tablets per month of Imitrex (sumatriptan), I) 18 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 12 tablets per month of naratriptan, K) 16 nosepieces (1 kit or 8 pouches) per month, 64 nosepieces per 3 months of Onzetra Xsail (sumatriptan), L) 12 tablets per month of Relpax (eletriptan), M) 18 films per month of RizaFilm (rizatriptan), N) 18 nasal units per month of Tosymra (sumatriptan), O) 9 tablets per month, 36 tablets per 3 months of Treximet (sumatriptan/naproxen), P) 24 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 12 tablets per month of Zomig (zolmitriptan), R) 12 tablets per month of zolmitriptan ODT, S) 12 nasal units per month of Zomig Nasal Spray (zolmitriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met]</p>
8.	Go to 9	Go to 10	
9.	Go to 10	[Please select appropriate denial close option. For the denial verbiage,	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. Your plan covers an amount up to: A) 12 tablets per month of almotriptan, B) 18 tablets per month of Frova (frovatriptan), C) 12 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 12 syringe cartridges per month of Imitrex</p>

		only include the requested drug. Remove all other drugs from verbiage.]. Deny	<p>(sumatriptan) 6 mg/0.5 mL, E) 18 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 12 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 24 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 12 tablets per month of Imitrex (sumatriptan), I) 18 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 12 tablets per month of naratriptan, K) 16 nosepieces (1 kit or 8 pouches) per month, 64 nosepieces per 3 months of Onzetra Xsail (sumatriptan), L) 12 tablets per month of Relpax (eletriptan), M) 18 films per month of RizaFilm (rizatriptan), N) 18 nasal units per month of Tosymra (sumatriptan), O) 9 tablets per month, 36 tablets per 3 months of Treximet (sumatriptan/naproxen), P) 24 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 12 tablets per month of Zomig (zolmitriptan), R) 12 tablets per month of zolmitriptan ODT, S) 12 nasal units per month of Zomig Nasal Spray (zolmitriptan). We reviewed the information we had. Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met]</p>
10.	[Please select appropriate denial close option. For the denial verbiage, only include the requested drug. Remove all other drugs from verbiage.]. Deny	[PA approved for 36 month(s). See Post Limit Quantity Chart]. Approve, 36 Months	<p>We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers more of this drug (additional quantities) when you meet the criteria for additional quantities. We reviewed the information we had. We have partially approved your request for this drug up to the amount your plan covers: A) 18 tablets per month of almotriptan, B) 27 tablets per month of Frova (frovatriptan), C) 18 vials per month of Imitrex (sumatriptan) 6 mg/0.5 mL, D) 18 syringe cartridges per month of Imitrex (sumatriptan) 6 mg/0.5 mL, E) 27 syringe cartridges per month of Imitrex (sumatriptan) 4 mg/0.5 mL, F) 18 nasal units per month of Imitrex (sumatriptan) 20 mg, G) 36 nasal units per month of Imitrex (sumatriptan) 5 mg, H) 18 tablets per month of Imitrex (sumatriptan), I) 27 tablets per month of Maxalt/Maxalt-MLT (rizatriptan), J) 18 tablets per month of naratriptan, K) 32 nosepieces (2 kits or 16 pouches) per month of Onzetra Xsail (sumatriptan), L) 18 tablets per month of Relpax (eletriptan), M) 27 films per month of RizaFilm (rizatriptan), N) 24 nasal units per month of Tosymra (sumatriptan), O) 18 tablets per</p>

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			<p>month of Treximet (sumatriptan/naproxen), P) 36 auto-injectors per month of Zembrace SymTouch (sumatriptan), Q) 18 tablets per month of Zomig (zolmitriptan), R) 18 tablets per month of zolmitriptan ODT, S) 18 nasal units per month of Zomig (zolmitriptan). Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Quantity, Post limit criteria not met, Partial denial]</p>
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