Triptan Quantity Limit

Override(s)	Approval Duration
Quantity Limit	1 year

Medication	Quantity Limit
Almotriptan tablets	9 tablets per 30 days
Relpax (eletriptan) tablets	
Frova (frovatriptan) tablets	
Amerge (naratriptan) tablets	
Maxalt (rizatriptan) tablets Maxalt (rizatriptan) MLT tablets	
Imitrex (sumatriptan) tablets	
Zomig (zolmitriptan) tablets zolmitriptan ODT	
Treximet (sumatriptan/naproxen sodium) tablets	

Medication	Quantity Limit
RizaFilm (rizatriptan) oral film	6 films per 30 days

Medication	Quantity Limit
Imitrex (sumatriptan) Nasal Spray	6 nasal inhalers per 30 days
Onzetra Xsail (sumatriptan) Nasal Powder	1 kit (8 doses) per 30 days
Tosymra (sumatriptan) Nasal Spray	12 units per 30 days
Zomig (zolmitriptan) Nasal Spray	6 nasal inhalers per 30 days

Medication	Quantity Limit
Imitrex (sumatriptan) Injection 4 mg/0.5mL, 6 mg/0.5 mL prefilled cartridges, pen injector/syringe	6 cartridges, pen injector, syringe per 30 days
sumatriptan Injection 6 mg/0.5 mL single dose vials	5 vials per 30 days
Zembrace SymTouch (sumatriptan)	8 syringes per 30 days

QUANTITY OVERRIDE LIMITS

Oral Tablet Override Quantity Limits:
Quantities up to 18 tablets per rolling 30 days.

Oral Film Override Quantity Limits:
Quantities up to 12 oral films per rolling 30 days.

Nasal Spray Override Quantity Limits:
Quantities up to 12 nasal inhalers per rolling 30 days.

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

Injectable Override Quantity Limits:
Imitrex (sumatriptan) Injection - up to 12 injectors/syringes/cartridges or 10 vials per rolling 30 days.
Zembrace SymTouch (sumatriptan) – up to 16 syringes per rolling 30 days.

APPROVAL CRITERIA

For approval of maximum override quantity limits, individual must meet 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 preventive therapies (AAN/AHA 2012/2015, Level A or B evidence; ICSI 2013, High quality evidence, AHS 2024):
    A. One of the following antidepressants: amitriptyline, nortriptyline, duloxetine, venlafaxine; **OR**
    B. One of the following beta blockers: metoprolol, propranolol, timolol (oral), atenolol, nadolol, nebivolol]; **OR**
    C. The following calcium channel blocker: verapamil; **OR**
    D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
    E. The following angiotensin II receptor blockers: candesartan; **OR**
    F. One of the following CGRP-targeting agents: erenumab, fremenezumab, galcanezumab, eptinezumab, atogepant, rimegepant when used for migraine prophylaxis; **OR**
    G. Botox (onabotulinumtoxinA).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.