

Policy Name:	Triptan Managed Dose Limit	Policy #:	2595P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of additional quantities of triptans above the established Managed Dose Limit.

Statement of the Policy

Health Alliance Medical Plans will approve additional quantities of triptans above the established MDL when the following criteria have been met.

Criteria

1. Managed Dose Limit Increase Criteria

- 1.1 Documented diagnosis of migraine
- 1.2 Documented use of supported prophylactic migraine therapy such as TCAs, SNRIs, beta blockers, anticonvulsants, Botox, etc., with claims history review to assess compliance
 - Must have filled at least a 90-day supply within the previous 120 days
- 1.3 Documentation that member has been titrated up to the requested quantity
- 1.4 If requesting two different triptans to be alternated, documentation that the provider and member are aware of the risk of elevated blood pressure that this can cause

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Marmura MJ, Silberstein SD, Schwedt TJ. The acute treatment of migraine in adults: the american headache society evidence assessment of migraine pharmacotherapies. *Headache* 2015; 55:3.
2. Pringsheim T, Becker WJ. Triptans for symptomatic treatment of migraine headache. *BMJ* 2014; 348:g2285.
3. Thorlund K, Mills EJ, Wu P, et al. Comparative efficacy of triptans for the abortive treatment of migraine: a multiple treatment comparison meta-analysis. *Cephalalgia* 2014; 34:258.
4. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021 Jul;61(7):1021-1039.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.