Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Frova™ (frovatriptan)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member allowed one triptan therapy at a time

Limitations:

- Maximum tablet quantity allowed is 12 tablets per 29 days
- >12 tablets per month are covered if:
  - clear diagnosis of recurrent acute migraines or cluster headaches
  - no ischemic heart disease (angina, MI, etc.) or Prinzmetal’s angina
  - no uncontrolled hypertension
  - no complicated migraine (vertebrobasilar migraine)
  - not pregnant
  - not used ergotamine-containing medications w/in past 24 hours
  - not used MAOI w/in past 2 weeks
  - not responsive to NSAIDs, APAP combos or ergot derivatives or these meds are contraindicated
  - failed prophylactic migraine therapy