



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