



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Sumavel™ (sumatriptan injection)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Coverage for this needle free injection requires a valid reason the member cannot use generic sumatriptan injection
- Member allowed one triptan therapy at a time

Limitations:

- Maximum nasal spray quantity allowed is 6 sprays per 29 days