

**Triptan Quantity Limitation Request Form  
(Incomplete Forms May Delay Processing)**

|  |               |                              |                             |
|--|---------------|------------------------------|-----------------------------|
| PHYSICIAN NAME   |               | PATIENT NAME                 |                             |
| OFFICE CONTACT PERSON  |               | PATIENT INSURANCE ID #       |                             |
| PHYSICIAN PHONE  | PHYSICIAN FAX | PATIENT DATE OF BIRTH        |                             |
| PHYSICIAN ADDRESS: Street  |               | City                         | State      Zip              |
| Medication Requested: <input type="checkbox"/> Amerge® <input type="checkbox"/> Axert® <input type="checkbox"/> Frova® <input type="checkbox"/> sumatriptan (Imitrex®) <input type="checkbox"/> Maxalt® <input type="checkbox"/> Relpax®<br><input type="checkbox"/> Sumavel™DosePro™ <input type="checkbox"/> Treximet™ <input type="checkbox"/> Zomig® |               |                              |                             |
| Dosage form requested: _____ Strength requested: _____ Quantity requested per 30 days _____  |               |                              |                             |
| To request coverage of quantities greater than those listed on page two, please check all that are applicable.   |               |                              |                             |
| 1. The patient has moderate to severe migraine headache with >4 episodes per month. (Headaches are not considered tension type, or chronic daily headaches.)   |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. The patient has tried and failed <b>at least 2 other abortive migraine therapies</b> .<br>Examples of medications used for abortive therapy include:  |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <ul style="list-style-type: none"> <li>• Ibuprofen (Motrin®)</li> <li>• Diclofenac (Voltaren®)</li> <li>• Flurbiprofen (Ansaid®)</li> <li>• Ergotamine containing products (Cafergot®, Ergomar®, etc.)</li> <li>• Isometheptene mucate/Dichloralphenazone/Acetaminophen (Midrin®, etc.)</li> </ul>   |               |                              |                             |
| List names of medications tried: _____   |               |                              |                             |
| 3. For patients experiencing >4 severe headaches per month, <b>prophylactic therapy</b> has been given an adequate trial.  |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List names of medications tried: _____   |               |                              |                             |
| 4. The possibility of medication-induced, rebound, or chronic daily headaches has been considered.   |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Will this drug be used in combination with another triptan or an ergot-containing medication?   |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. I am requesting sumatriptan (Imitrex®) Injections for cluster headaches.  |               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I certify that, to the best of my knowledge, the above information is accurate and is documented in the medical record:  |               |                              |                             |
| Physician signature required: _____  |               |                              |                             |

**Please Return Completed Form To:** Fax number: 1-888-446-8535

Address: BCBSNC  
 Attention: Exceptions-Health Services  
 P.O. Box 17509  
 Winston-Salem, NC 27116-7509  
 Provider telephone: 1-888-296-9790

1/2010

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| <b>DRUG:</b>                                     | <b>SHORT TERM:</b>                                 | <b>EXTENDED SUPPLY:</b>                             |
|--|--|---|
| <b>AMERGE</b>                                    | <b>23 mg per 30 days</b>                           | <b>69 mg per 90 days</b>                            |
| Amerge 2.5 mg                                    | 9 tablets  | 27 tablets  |
| Amerge 1 mg                                      | 23 tablets   | 69 tablets  |
| <b>AXERT</b>                                     | <b>100 mg per 30 days</b>                          | <b>300 mg per 90 days</b>                           |
| Axert 6.25 mg                                    | 16 tablets   | 48 tablets  |
| Axert 12.5 mg                                    | 8 tablets  | 24 tablets  |
| <b>FROVA</b>                                     | <b>30 mg per 30 days</b>                           | <b>90 mg per 90 days</b>                            |
| Frova 2.5 mg                                     | 12 tablets   | 36 tablets  |
| <b>IMITREX/sumatriptan</b>                       | <b>900 mg (tablet equivalent)*<br/>per 30 days</b> | <b>2700 mg (tablet equivalent)*<br/>per 90 days</b> |
| Imitrex/sumatriptan tablets 100 mg               | 9 tablets  | 27 tablets  |
| Imitrex/sumatriptan tablets 50 mg                | 18 tablets   | 54 tablets  |
| Imitrex/sumatriptan tablets 25 mg                | 36 tablets   | 108 tablets   |
| Imitrex/sumatriptan injection kits/refills, 4 mg | 4 kits (8 injections)                              | 12 kits (24 injections)                             |
| Imitrex/sumatriptan injection kits/refills, 6 mg | 4 kits (8 injections)                              | 12 kits (24 injections)                             |
| Imitrex/sumatriptan nasal 20 mg                  | 9 devices  | 27 devices  |
| Imitrex/sumatriptan nasal 5 mg                   | 36 devices   | 108 devices   |
| Sumavel DosePro system 6 mg                      | 8 systems  | 24 systems  |
| <b>MAXALT</b>                                    | <b>120 mg per 30 days</b>                          | <b>360 mg per 90 days</b>                           |
| Maxalt 10 mg                                     | 12 tablets   | 36 tablets  |
| Maxalt 5 mg                                      | 24 tablets   | 72 tablets  |
| Maxalt MLT 10 mg                                 | 12 tablets   | 36 tablets  |
| Maxalt MLT 5 mg                                  | 24 tablets   | 72 tablets  |
| <b>RELPAX</b>                                    | <b>320 mg per 30 days</b>                          | <b>960 mg per 90 days</b>                           |
| Relpax 20 mg                                     | 16 tablets   | 48 tablets  |
| Relpax 40 mg                                     | 8 tablets  | 24 tablets  |
| <b>TREXIMET</b>                                  | <b>765 mg sumatriptan per 30 days</b>              | <b>2295 mg sumatriptan per 90 days</b>              |
| Treximet tablets                                 | 9 tablets  | 27 tablets  |
| 85 mg sumatriptan/500 mg naproxen sodium         |  |   |
| <b>ZOMIG</b>                                     | <b>40 mg per 30 days</b>                           | <b>120 mg per 90 days</b>                           |
| Zomig ZMT 2.5 mg                                 | 16 tablets   | 48 tablets  |
| Zomig ZMT 5 mg                                   | 8 tablets  | 24 tablets  |
| Zomig tablets 2.5 mg                             | 16 tablets   | 48 tablets  |
| Zomig tablets 5 mg                               | 8 tablets  | 24 tablets  |
| Zomig 5 mg Nasal Spray                           | 8 units  | 24 units  |

\* Tablet equivalents do not imply exact therapeutic equivalents. One injection ≈ 20 mg nasal spray ≈ 100 mg oral dosage. 5 mg nasal spray ≈ 25 mg tablet.