

**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"/> naratriptan (Amerge®) <input type="checkbox"/> Axert® <input type="checkbox"/> Frova® <input type="checkbox"/> sumatriptan (Imitrex®) <input type="checkbox"/> Maxalt®/MLT <input type="checkbox"/> Relpax® <input type="checkbox"/> Treximet™ <input type="checkbox"/> Zomig®/ZMT 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 at least 2 other abortive migraine therapies . Examples of medications used for abortive therapy include:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> • Ibuprofen (Motrin®) • Diclofenac (Voltaren®) • Flurbiprofen (Ansaid®) • Ergotamine containing products (Cafergot®, Ergomar®, etc.) 			
List names of abortive medications tried: _____			
3. For patients experiencing >4 severe headaches per month, prophylactic therapy has been given an adequate trial.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
List names of prophylactic 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: _____		Date: _____	

Please Return Completed Form To: Fax number: 1-888-446-8440
 Address: BCBSNC
 Attention: Exceptions-Health Services
 P.O. Box 17168
 Winston-Salem, NC 27116-7168
 Provider telephone: 1-888-298-7552

1/2011

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DRUG:	SHORT TERM:	EXTENDED SUPPLY:
AMERGE/naratriptan	23 mg per 30 days	69 mg per 90 days
Amerge/naratriptan 2.5 mg	9 tablets	27 tablets
Amerge/naratriptan 1 mg	23 tablets	69 tablets
AXERT	100 mg per 30 days	300 mg per 90 days
Axert 6.25 mg	16 tablets	48 tablets
Axert 12.5 mg	8 tablets	24 tablets
FROVA	30 mg per 30 days	90 mg per 90 days
Frova 2.5 mg	12 tablets	36 tablets
IMITREX/sumatriptan	900 mg (tablet equivalent)* per 30 days	2700 mg (tablet equivalent)* per 90 days
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
MAXALT	120 mg per 30 days	360 mg per 90 days
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
RELPAX	320 mg per 30 days	960 mg per 90 days
Relpax 20 mg	16 tablets	48 tablets
Relpax 40 mg	8 tablets	24 tablets
TREXIMET	765 mg sumatriptan per 30 days	2295 mg sumatriptan per 90 days
Treximet tablets	9 tablets	27 tablets
85 mg sumatriptan/500 mg naproxen sodium		
ZOMIG	40 mg per 30 days	120 mg per 90 days
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.