

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Frovatriptan (Frova®)

For patients not currently taking frovatriptan AND for patients currently taking frovatriptan, non-formulary **frovatriptan (Frova®)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of Migraine or Menstrual Migraine on Problem List
- **AND** –
- Patient age ≥ 18 yrs OR Patient < 18 yrs and prescriber is Neurologist/Headache Specialist or case is reviewed with specialist
- **AND** –
- Patient does not have hemiplegic or basilar migraines (contraindicated)
- **AND** –
- Not being used for cluster or tension headache (ineffective)
- **AND** –
- For Migraine Reversal: Patient has documented intolerance or contraindication to, or treatment failure due to prolonged migraine with naratriptan, sumatriptan, and rizatriptan
- For Menstrual Migraine Prophylaxis: Patient has documented treatment failure, intolerance or contraindication to NSAID (e.g., naproxen sodium) and naratriptan as peri-menstrual prophylaxis

- **OR** –
- Dose Change Only: Patient previously met criteria and is already taking the drug