

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Almotriptan (Axert[®])

Non-formulary **almotriptan (Axert[®])** will be covered on the prescription drug benefit when the following criteria are met:

- **Diagnosis of Migraine on Problem List**
 - **AND** -
 - Patient is using oral triptan for acute migraine treatment, not prophylaxis
 - Patient does not have hemiplegic or basilar migraines (contraindicated)
 - Not being used for cluster or tension headache (ineffective)
 - Patient has documented treatment failure, intolerance or contraindication to zolmitriptan, sumatriptan, and rizatriptan
 - **OR** -
 - Patient is under 18 years of age and has documented treatment failure, intolerance or contraindication to rizatriptan
 - **OR** -
- **Dose Change Only: Patient previously met criteria and is already taking the drug.**