Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
Frovatriptan (generic Frova)

Notes:
^ Adequate trial is defined as use in at least 3 migraine episodes
* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary frovatriptan (generic Frova) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed for the treatment of Migraine
  - Patient is 18 years old or older OR
  - Patient is younger than 18 years old and prescriber is Neurologist/Headache specialist or case is reviewed with specialist
  - Patient does not have hemiplegic migraine or basilar migraines
  - Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to naratriptan, sumatriptan, and rizatriptan

OR

- Prescribed for the treatment Menstrual Migraine
  - Patient 18 years old or older OR
  - Patient is younger than 18 years old and prescriber is Neurologist/Headache specialist or case is reviewed with specialist
  - Patient does not have hemiplegic migraine or basilar migraines
  - Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to NSAID (e.g. naproxen) and naratriptan used as peri-menstrual prophylaxis

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary frovatriptan (generic Frova) will be covered on the prescription drug benefit for when the following criteria are met:

- See above Initial Criteria

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Non-formulary frovatriptan (generic Frova) will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Migraine or Menstrual Migraine
- Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to naratriptan, sumatriptan, and rizatriptan or

kp.org
Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Frovatriptan (generic Frova)

Continued use criteria (after initiation): Non-formulary frovatriptan (generic Frova) will continue to be covered on the prescription drug benefit when the following criteria are met:

- Not applicable.

Continued use criteria for patients stable on the medication: Non-formulary frovatriptan (generic Frova) will continue to be covered on the prescription drug benefit for when the following criteria are met:

- Not applicable.