

Triptans Policy Number: C9612-J

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DUE BY OR BEFORE
2/28/2017	2/17/2021	4/2022
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL/VERSION
NA	RxPA	Q2 2021 20210428C9612-J

PRODUCTS AFFECTED:

Alsuma (sumatriptan), Amerge (naratriptan), Axert (almotriptan), Frova (frovatriptan), Imitrex (sumatriptan) Maxalt/Maxalt-MLT (rizatriptan), Relpax (eletriptan), Sumavel DosePro (sumatriptan), Treximet (sumatriptan/naproxen), Zomig/Zomig-Zmt (zolmitriptan)

DRUG CLASS:

5-HT1 Agonists, Selective Serotonin-Receptor Agonists, antimigraine

ROUTE OF ADMINISTRATION:

oral, intranasal, injectable (subcutaneous), transdermal

PLACE OF SERVICE:

Retail Pharmacy

The recommendation is that medications in this policy will be for pharmacy benefit coverage and patient self-administered

AVAILABLE DOSAGE FORMS:

Almotriptan Malate TABS 12.5MG, 6.25MG, Amerge TABS 1MG, 2.5MG Axert TABS 12.5MG, 6.25MG, Eletriptan Hydrobromide TABS 20MG, 40MG, Frova TABS 2.5MG Frovatriptan Succinate TABS 2.5MG, Imitrex SOLN 20MG/ACT, 5MG/ACT, Imitrex SOLN 6MG/0.5ML
 Imitrex STATdose Refill SOCT 4MG/0.5ML, SOCT 6MG/0.5ML, Imitrex STATdose System SOAJ 4MG/0.5ML, SOAJ 6MG/0.5ML, Imitrex TABS 100MG, TABS 25MG, TABS 50MG, Maxalt TABS 10MG, TABS 5MG Maxalt-MLT TBP 10MG, TBP 5MG, Naratriptan HCl TABS 1MG, TABS 2.5MG, Onzeta Xsail EXHP 11MG/NOSEPC, Relpax TABS 20MG, TABS 40MG, Rizatriptan Benzoate TABS 10MG, TABS 5MG, Rizatriptan Benzoate TBP 10MG, TBP 5MG, SUMAtriptan SOLN 20MG/ACT, SOLN 5MG/ACT, SUMAtriptan Succinate Refill SOCT 4MG/0.5ML, SOCT 6MG/0.5ML, SUMAtriptan Succinate SOAJ 4MG/0.5ML, SOAJ 6MG/0.5ML, SUMAtriptan Succinate SOLN 6MG/0.5ML, SUMAtriptan Succinate SOSY 6MG/0.5ML, SUMAtriptan Succinate TABS 100MG, TABS 25MG, TABS 50MG, Sumavel DosePro SOTJ 4MG/0.5ML, SOTJ 6MG/0.5ML Tosymra SOLN 10MG/ACT, Zembrace SymTouch SOAJ 3MG/0.5ML, ZOLMitriptan SOLN 2.5MG, SOLN 5MG ZOLMitriptan TABS 2.5MG, TABS 5MG, ZOLMitriptan TBP 2.5MG, TBP 5MG, Zomig SOLN 2.5MG, SOLN 5MG, Zomig TABS 2.5MG, 5MG, Zomig ZMT TBP 2.5MG, TBP 5MG, SUMAtriptan-Naproxen Sodium TABS 85-500MG, Treximet TABS 10-60MG, Treximet TABS 85-500MG

FDA-APPROVED USES:

Acute treatment of cluster headache, acute treatment of migraine attacks with or without aura

COMPENDIAL APPROVED OFF-LABELED USES:

None

COVERAGE CRITERIA: INITIAL AUTHORIZATION**DIAGNOSIS:**

Migraine headache with or without aura

REQUIRED MEDICAL INFORMATION:**A. MIGRAINE:**

1. Chart notes must show a diagnosis for migraine headache with or without aura.
AND
2. (a) Documentation of trial (30 days) and inadequate response or intolerance to TWO formulary triptan agents up to maximally tolerated doses
OR
(b) Documented allergy or clinical contraindication to all formulary triptan medications.
AND
3. Prescriber attests of assessment of exclusion of medication overuse headache.
AND
4. Documentation member is not using any other triptans or ergotamine agents in combination
AND
5. FOR INJECTABLE/NASAL SPRAY FORMULATIONS: Documentation that the patient has nausea and/or vomiting symptoms associated with migraines and requires a non-oral dosage formulation
AND
6. FOR COMBINATION PRODUCTS REQUESTS: combination products are not covered; Notify prescriber that separate products are formulary and are covered when valid prescriptions are presented to the pharmacy
AND
7. IF THIS IS A NON-FORMULARY PRODUCT: Documentation to trial/failure of or intolerance to a majority (not more than 3) of the preferred formulary alternatives for the given diagnosis. If yes, please submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s)

DURATION OF APPROVAL:

Initial authorization: 1 year, Continuation of Therapy: 1 year

QUANTITY:

Max Dosing: FDA-labeled dosing or per Off-Label MCP-162. All triptans should be limited to no more than 10 days of use per month to avoid medication overuse headache

PRESCRIBER REQUIREMENTS:

Prescriber by or in consultation with a neurologist

AGE RESTRICTIONS:

zolmitriptan nasal spray/solution: 12 years old and older

rizatriptan: 6 years of age and older

All others: 18 years of age and older

CONTINUATION OF THERAPY:**A. MIGRAINE:**

1. Documentation that member has experienced clinical improvement as defined by ONE of the following: Ability to function normally within 2 hours of dose OR Headache pain disappears within 2 hours of dose OR Therapy works consistently in majority of migraine attacks
AND
2. Member had not experienced any intolerable adverse effects or drug toxicity

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of these medicines are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Chart notes and claims must show that member is not using any other triptans or ergotamines

OTHER SPECIAL CONSIDERATIONS:

None

BACKGROUND:

None

APPENDIX:

None

Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

REFERENCES:

1. Imitrex (sumatriptan) package insert. Research Triangle Park, NC: GlaxoSmithKline; 2018.
2. Maxalt [package insert]. Whitehouse Station, NJ: Merck & Co., Inc; 2011.
3. Axert [package insert]. Almirall, S.A: Janssen Pharmaceuticals, Inc; 2009.
4. Amerge [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2016.
5. Relpax [package insert]. New York, NY: Pfrizer, Inc; 2013.
6. Frova [package insert]. Chestnut Ridge, NY: Par Pharmaceuticals; 2018.
7. Zomig [package insert]. Hayward, CA: AstraZeneca; 2013.
8. Gilmore, B and Michael M. Treatment of Acute Migraine Headache. Am Fam Physician. 2011 Feb 1;83(3):271-280.
9. Jamieson DG. The safety of triptans in the treatment of patients with migraine. Am J Med 2002; 112:135.