

## PHARMACY PRE-AUTHORIZATION CRITERIA

<b>DRUG (S)</b>	<p><u><b>Triptans Quantity Limits</b></u>  <b>Alsuma (sumatriptan inj)</b>  <b>Amerge (naratriptan)</b>  <b>Axert (almotriptan)</b>  <b>Cambia (diclofenac)</b>  <b>Frova (frovatriptan)</b>  <b>Imitrex (sumatriptan)</b>  <b>Onzetra Xsail (sumatriptan nasal powder)</b>  <b>Relpax (eletriptan)</b>  <b>Maxalt (rizatriptan)</b>  <b>Sumavel DosePro (sumatriptan inj)</b>  <b>Treximet (sumatriptan/naproxen)</b>  <b>Zembrace Symtouch (sumatriptan inj)</b>  <b>Zomig (zolmitriptan)</b></p>
<b>POLICY #</b>	<p><b>12119</b></p>
<b>INDICATIONS</b>	<p><b>Amerge (naratriptan), Frova (frovatriptan), Imitrex (sumatriptan tablets), Onzetra Xsail (sumatriptan nasal powder), Relpax (eletriptan), Zembrace Symtouch (sumatriptan inj), Cambia (diclofenac), Sumatriptan nasal, and Zomig (zolmitriptan):</b></p> <ul style="list-style-type: none"> <li>• Approved for the acute treatment of migraine with or without aura in adults</li> </ul> <p><b>Axert (almotriptan):</b></p> <ul style="list-style-type: none"> <li>• Approved for the acute treatment of migraine with or without aura in adults</li> <li>• Approved for the acute treatment of migraine headaches in adolescents 12-17 years old with history of migraine with or without aura and who have migraine attacks usually lasting 4 hours or more</li> </ul> <p><b>Maxalt (rizatriptan):</b></p> <ul style="list-style-type: none"> <li>• Approved for the acute treatment of migraine with or without aura in adults and in pediatric patients 6-17 years and older</li> </ul> <p><b>Alsuma (sumatriptan inj) and Sumavel DosePro (sumatriptan inj):</b></p> <ul style="list-style-type: none"> <li>• For the acute treatment of migraine with or without aura in adults</li> <li>• For the acute treatment of cluster headache episodes.</li> </ul> <p><b>Treximet (sumatriptan/naproxen):</b></p> <ul style="list-style-type: none"> <li>• Approved for the acute treatment of migraine with or without aura in adults and pediatric patients 12 years of age and older</li> </ul>

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<p><b>CRITERIA</b></p>	<p>Approval of additional medication quantities above as defined in the Drug Limitations Program would require an attempt to prevent the frequency and severity of headaches with a sufficient trial of TWO preventative medications.</p> <p>ConnectiCare will consider additional quantities of the above medications to be medically necessary in patients who meet the following criteria:</p> <ul style="list-style-type: none"> <li>The patient has an intolerance to, or treatment failure of, prophylaxis with medications for migraine from TWO different treatment therapy classes at sufficient doses within the last year. Documentation of recent use of prophylaxis medication must be provided if claims cannot be seen on the patient’s prescription history.</li> </ul> <p>The following are examples of medication classes used for migraine prophylaxis:</p> <ul style="list-style-type: none"> <li>- Anticonvulsants (divalproex sodium, gabapentin, topiramate).</li> <li>- Beta Blockers (propranolol, atenolol, metoprolol).</li> <li>- Calcium Channel Blockers (verapamil).</li> <li>- Tricyclic Antidepressants (amitriptyline, imipramine, nortriptyline)</li> </ul>
<p><b>DRUG (S)</b></p>	<p><b><u>Triptans Quantity Limits</u></b>  <b>#14145</b></p>
<p><b>CRITERIA</b></p>	<ul style="list-style-type: none"> <li>➤ The safety of treating more than four headaches for Axert, Amerge, Imitrex, Frova, Maxalt, or Zomig (nasal spray) in a 30-day period has not been established according to the FDA-approved prescribing information</li> <li>➤ The safety of treating more than three headaches with Zomig tablets or Relpax in a 30-day period has not been established to the FDA-approved prescribing information.</li> <li>➤ The American Academy of Neurology (AAN) states that prophylaxis may be indicated when a patient is experiencing one or more migraines per week.</li> </ul> <p>None of the triptans are indicated for prophylaxis of migraine</p>
<p><b>LIMITATIONS</b></p>	<p>Quantities are limited as follows:</p> <p>Alsuma: 1 package (6 doses) / month  Amerge, Axert, Frova, Relpax, Maxalt, Treximet, Zomig: 9 tablets / month  Cambia: 9 packets / month  Imitrex (sumatriptan):18 tablets/ month  Imitrex / Zomig nasal spray one package (6 doses) / month  Imitrex injection 2 kits (4 doses) / month  Onzetra Xsail: 1 kit (8 doses)  Sumavel 1 package (6 doses) / month  Zembrace Symtouch: 1 carton (4 doses)/month</p>

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<b>REFERENCES</b>	<ol style="list-style-type: none"><li>1. Imitrex tablets (sumatriptan) full prescribing information GlaxoSmithKline; Research Triangle Park, NC</li><li>2. Imitrex Nasal Spray (sumatriptan) full prescribing information GlaxoSmithKline; Research Triangle Park,</li><li>3. Imitrex Injection (sumatriptan) full prescribing information GlaxoSmithKline; Research Triangle Park, NC</li><li>4. Amerge (naratriptan) full prescribing information. GlaxoSmithKline; research Triangle Park, NC;</li><li>5. Zomig tablets (zolmitriptan) full prescribing information. AstraZeneca Pharmaceuticals LP; Wilmington, DE.</li><li>6. Axert tablets (almotriptan) full prescribing information. Ortho-McNeil Pharmaceuticals, Inc.; Raritan, NJ.</li><li>7. Frova tablets (frovatriptan) full prescribing information. Elan Pharmaceuticals South San Francisco, CA</li><li>8. Maxalt tablets (rizatriptan) full prescribing information. Merck and Co., Inc.; Whitehouse Station, NJ</li><li>9. Alsuma(sumatriptan inj) package insert, Columbia, MD, Meridian Medical Technologies, INC</li><li>10. Cambia (diclofenac) package insert, Montgomery, AL, Kowa Pharmaceuticals America, INC</li><li>11. Onzetra Xsail (sumatriptan nasal powder) package insert, Aliso Viejo, CA, Avanir Pharmaceuticals, Inc.</li><li>12. Relpax (eletriptan) package insert, NY, NY, Pfizer Inc.</li><li>13. Sumavel DosePro (sumatriptan inj) package insert, San Diego, CA, Zogenix Inc.</li><li>14. Zembrace Symtouch (sumatriptan inj) package insert, San Diego, CA, Dr. Reddy's Lab Limited</li><li>15. Treximet (sumatriptan/naproxen) package insert, Morristown, NJ, Pernix Therapeutics LLC</li></ol>
<b>P&amp;T REVIEW HISTORY</b>	3/04, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 5/17, 5/18, 5/19
<b>REVISION RECORD</b>	6/07, 9/10, 11/16, 5/18