

Classification: Class Specific

Drug Class: non-formulary triptans

References:

- Oregon Health Authority, Department of Medical Assistance, OAR 410-120-0250 (3)
- Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria; Antimigraine-Triptans. 03/01/2019
- Imitrex Nasal Spray (sumatriptan) package insert. Research Triangle Park, NC: GlaxoSmithKline; 2017 Dec
- Silberstein SD, Edlund W. Practice parameter: Evidence-based guidelines for migraine headache (an evidence-based review): Report of the quality standards subcommittee of the american academy of neurology. Neurology [Internet]. 2000;55(6):754-62.
- UpToDate, Inc. Acute treatment of migraine in adults. UpToDate [Online Database]. Jerry Swanson, MD, MHPE, Ed. Waltham, MA. Last updated 3/11/19.
- UpToDate, Inc. Acute treatment of migraine in children. UpToDate [Online Database]. Jerry Swanson, MD, MHPE, Ed. Waltham, MA. Last updated 3/27/17.
- Lewis, D, Ashwal, S, Hershey, A , et.al. Practice Parameter: Pharmacological treatment of migraine headache in children and adolescents. Neurology Dec 2004, 63 (12) 2215-2224

FDA approved indication: Migraine headache

Purpose: To define the process for coverage of non-formulary triptan agents to treat migraines.

Clinical Rationale: Overuse of acute migraine drugs (e.g., ergotamine, triptans, opioids, or combination of these drugs for 10 or more days per month) may lead to exacerbation of headache (medication overuse headache). Medication overuse headache may present as migraine-like daily headaches or as a marked increase in frequency of migraine attacks.

Policy: Cover non-formulary triptan agents for members with a diagnosis of migraines who have failed formulary formulations. This option is reserved for members who have symptoms that prevent them from taking other migraine medication formulations.

Agents included in criteria:

sumatriptan (injection)	Non-formulary
almotriptan (tablet)	Non-formulary
sumatriptan- naproxen (tablet)	Non-formulary
frovatriptan (tablet)	Non-formulary
eletriptan (tablet)	Non-formulary
sumatriptan (nasal powder)	Non-formulary

Approval length: Up to 1 year

Quantity Limits: oral tablets: 9/23 days;

Approval criteria for non-formulary triptans:

	Met	Not Met
Criteria #1: Does the member have a diagnosis of migraine*	Go to #2	Deny
Criteria #2: Is the request for an oral triptan	Go to #3	Go to #4
Criteria #3: Is there documentation from chart notes and/or claims history that the member has tried (or has a contraindication to) 3 formulary oral triptan	Go to #5	Go to #4
Criteria #4: Is the member unable to take an oral triptan due to severe symptoms (e.g. nausea and vomiting) or because a mental or physical disability	Go to #5	Deny
Criteria #5: Is there documentation from chart notes and/or claims history that the member has tried (or has a contraindication to) an formulary nasal triptan spray	Approve	Deny

Renewal criteria for non-formulary triptans:

	Met	Not Met
Renewal #1: Did the member meet initial criteria	Go to #2	Deny
Renewal #2: Is there documentation from chart notes supporting tolerability and treatment efficacy (e.g. reduced migraine occurrence, severity)	Approve x 1 year with applicable QL	Deny