

## Antimigraine – Serotonin Agonists

### Goal(s):

- Decrease potential for medication overuse headache through quantity limits and therapeutic duplication denials.
- Promote PDL options.

### Length of Authorization:

- Up to 6 months

### Requires PA:

- Non-preferred drugs

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### Check the Reason for PA:

- Non-Preferred drugs will deny on initiation
- Preferred drugs will deny only when maximum dose exceeded
- Both will deny for concurrent therapy (concurrent triptans by different routes is allowed)

### Quantity Limits per Labeling.

Generic	Brand	Max Daily Dose	Dosage Form	Quantity Limit Per Month
Almotriptan	Axert	25 mg	6.25 mg tab 12.5 mg tab	12 tabs
Eletriptan	Relpax	80 mg	20 mg tab 40 mg tab (blister pack 6, 12)	6 tabs
Frovatriptan	Frova	7.5 mg	2.5 mg tab (blister pack 9)	9 tabs
Lasmiditan	Reyvow	200 mg	50 mg tab 100 mg tab	8 tabs
Naratriptan	Amerge	5 mg	1 mg tab 2.5 mg tab (blister pack 9)	9 tabs
Rizatriptan	Maxalt Maxalt MLT Rizafilm	30 mg	5 mg tab 10 mg tab (blister pack 6, 12) 10 mg film	12 tabs
Sumatriptan tablets	Imitrex & generics	200 mg	25 mg tab, 50 mg tab, 100 mg tab (blister pack 9)	9 tablets
Sumatriptan nasal spray	Imitrex & generics	40 mg	5 mg, 10 mg (box of 6)	18 spray units
Sumatriptan nasal powder	Onzetra Xsail	44 mg	22 mg (11 mg in each nostril)	6 nosepieces

Generic	Brand	Max Daily Dose	Dosage Form	Quantity Limit Per Month
Sumatriptan injectable	Imitrex & generics	12 mg	6 mg/0.5 mL	6 vials
Sumatriptan injectable	Sumavel	12 mg	6 mg/0.5 mL units (package of 6)	6 jet injectors
Sumatriptan injectable	Zembrace Syntouch	12 mg	3 mg/0.5 mL (package of 4)	12 auto-injectors
Sumatriptan /naproxen	Treximet	170/1000 mg (2 tablets)	85/500 mg tab (box of 9)	9 tablets
Zolmitriptan	Zomig, Zomig ZMT & generics	10 mg	2.5 mg tab and ODT 5 mg tab and ODT (blister pack, 3, 6)	6 tabs
Zolmitriptan nasal spray	Zomig NS	10 mg	5 mg (box of 6)	3 packages (18 spray units)

Abbreviations: d = days; MR = may repeat; NS = nasal spray; PO = orally

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Does the patient have a diagnosis of migraine headaches?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
3. Is requested drug a preferred product?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #4
4. Will the prescriber consider a change to a preferred product?  Message: <ul style="list-style-type: none"> <li>Preferred products do not require PA within recommended dose limits.</li> <li>Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy &amp; Therapeutics Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of covered alternatives in class and dose limits.	<b>No:</b> Go to #5

## Approval Criteria

<p>5. Is request for a higher dose than listed in quantity limit chart?</p>	<p><b>Yes:</b> Pass to RPh. Deny; medical appropriateness.</p> <ul style="list-style-type: none"> <li>• May recommend use of migraine prophylactic therapy and reinforce that doses above those recommended by the manufacturer increase the incidence of medication overuse headache.</li> <li>• One lifetime 90-day taper may be approved at pharmacist's discretion.</li> <li>• Document.</li> </ul>	<p><b>No:</b> Trouble-shoot claim payment (e.g., days' supply?).</p> <p>Go to #6.</p>
<p>6. Is the request for lasmiditan?</p>	<p><b>Yes:</b> Go to #9</p>	<p><b>No:</b> Go to #7</p>
<p>7. Is the request for two different oral triptans concurrently?</p>	<p><b>Yes:</b> Go to #8</p>	<p><b>No:</b> Approve for 6 months</p>
<p>8. Is this a switch in triptan therapy due to intolerance, allergy or ineffectiveness?</p>	<p><b>Yes:</b> Document reason for switch and override for concurrent use for 30 days.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>9. Has the patient tried two triptan products or have a contraindication to triptans?</p>	<p><b>Yes:</b> Approve for 6 months</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness. Recommend triptan trial.</p>

P&T Review: 8/20 (KS), 5/19; 3/16; 3/10; 9/09; 11/03; 5/03  
 Implementation: 9/1/20; 5/1/16, 3/23/10; 1/1/10; 7/1/06; 5/31/05; 6/30/04