MEDICAL MUTUAL®

Drug Policy

Policy:	**Triptan Migraine Agents**	**Annual Review Date:** **01/18/2024**
Impacted Drugs:	**Alsuma (sumatriptan injection)** **Amerge (naratriptan)** **Axert (almotriptan)** **Frova (frovatriptan)** **Migranal (dihydroergotamine)** **sumatriptan/naproxen (generic)** **Sumavel DosePro (sumatriptan injection)** **Tosymra (sumatriptan nasal spray)** **Trudhesa (dihydroergotamine mesylate)** **Zecuity (sumatriptan transdermal)** **Zembrace SymTouch (sumatriptan injection)** **Zomig (zolmitriptan nasal spray)**	**Last Revised Date:** **01/18/2024**

OVERVIEW

Migraine is a chronic neurologic condition marked by paroxysmal attacks of moderate-to-severe, throbbing headache with associated symptoms that may include nausea, vomiting, and photophobia or phonophobia. Migraine is both more common and more severe in women than in men. Disease activity peaks during middle age, with a lifetime cumulative incidence of 43% in women and 18% in men. This group of medications (sumatriptan, naratriptan, zolmitriptan, almotriptan, frovatriptan, rizatriptan, and eletriptan) is referred to as "triptan" medications.

POLICY STATEMENT

A step therapy program has been developed to encourage the use of a Step 1 product prior to the use of a Step 2 product or the use of any combination of two Step 1 or Step 2 products before the use of a step 3 product. If the step therapy rule is not met for a Step 2 or Step 3 agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 12 months in duration.

Automation: Patients with a history of one Step 1 drug within the 130-day look-back period are excluded from step 2 therapy. Additionally, patients with a history of any combination of two Step 1 or Step 2 drugs within the 130-day look-back period are excluded from step therapy.

Step 1 Agents

- rizatriptan (tablets and orally disintegrating tablets)

- sumatriptan (tablets, nasal spray, injection)

Step 2 Agents
- almotriptan
- eletriptan
- frovatriptan
- naratriptan
- zolmitriptan (tablets and orally disintegrating tablets)

Step 3 agents
- Alsuma (sumatriptan injection)
- Amerge (naratriptan tablets)
- Axert (almotriptan tablets)
- Frova (frovatriptan tablets)
- Migranal (dihydroergotamine mesylate spray)
- sumatriptan/naproxen sodium tablets
- Sumavel DosePro (sumatriptan injection)
- Tosymra (sumatriptan nasal spray)
- Trudhesa (dihydroergotamine mesylate nasal spray)
- Zecuity (sumatriptan transdermal patch)
- Zembrace SymTouch (sumatriptan injection)
- Zomig (zolmitriptan nasal spray)

PREFERRED STEP THERAPY CRITERIA

1. If the patient has tried one Step 1 product, authorization for a Step 2 product may be given.
2. If the patient has tried two, in any combination, Step 1 or Step 2 products, authorization for a Step 3 product may be given.

Approval Duration: 1 year (365 days)

Step Therapy Exception Criteria

In certain situations, the patient is not required to trial preferred agents. Approve for 1 year if the patient meets the following (A, B, or C):

A. The patient has an atypical diagnosis and/or unique patient characteristics which prevent use of all preferred agents. If so, please list diagnosis and/or patient characteristics [documentation required]; **OR**

B. The patient has a contraindication to all preferred agents. If so, please list the contraindications to each preferred agent [documentation required]; **OR**

C. The patient is continuing therapy with the requested non-preferred agent after being stable for at least 90 days [verification in prescription claims history required] or, if not available, [verification by prescribing physician required] AND meets ONE of the following:
    1. The patient has at least 130 days of prescription claims history on file and claims history supports that the patient has received the requested non-preferred agent for 90 days within a 130-day look-back period AND there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product); OR
    2. When 130 days of the patient's prescription claims history file is unavailable for verification, the prescriber must verify that the patient has been receiving the requested non-preferred agent for 90 days AND that the patient has been receiving the requested non-preferred agent via paid claims (i.e. the patient has NOT been receiving samples or coupons or other types of waivers in order to obtain access to the requested non-preferred agent) AND there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product).

Documentation Required: When documentation is required, the prescriber must provide written documentation supporting the trials of these other agents, noted in the criteria as [documentation required]. Documentation should include chart notes, prescription claims records, and/or prescription receipts.

Approval Duration: All approvals for continuation of therapy are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

Documentation Requirements:
The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Frova® tablets [prescribing information]. Malvern, PA; Endo Pharmaceuticals, Inc.; October 2013.
2. Amerge® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2013.
3. Maxalt® tablets and Maxalt-MLT® orally disintegrating tablets [prescribing information]. Whitehouse Station, NJ: Merck & Co, Inc.; January 2013.
4. Zomig® tablets and Zomig-ZMT® orally disintegrating tablets [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; September 2012.
5. Imitrex® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; November 2013.
6. Axert® tablets [prescribing information]. Raritan, NJ: Ortho-McNeil; August 2014.
7. Relpax® tablets [prescribing information]. New York, NY: Pfizer, Inc.; October 2013.
8. Tosymra® nasal spray [prescribing information]. Promius Pharma, LLC, Princeton, NJ 08540. Jan 2019.
9. Treximet® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; May 2015.

10. Tepper, D. E. (2013), Nasal Sprays for the Treatment of Migraine. Headache: The Journal of Head and Face Pain, 53: 577578. Doi:10.1111/head.12045
11. Bajwa Z.B., Smith J.H. Acute treatment of migraine in adults. In J.W. Swanson & J.F. Dashe .UptoDate. Available from: https://www.uptodate.com/contents/acute-treatment-of-migraine-in-adults?source=search_result&search=triptans&selectedTitle=1~145
12. Sumatriptan. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 26 November 2018. Accessed on 16 December 2018.
13. Sumatriptan succinate. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 26 November 2018. Accessed on 16 December 2018.
14. Almotriptan. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 27 September 2018. Accessed on 16 December 2018.
15. Rizatriptan benzoate. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 6 November 2018. Accessed on 16 December 2018.
16. Frovatriptan succinate. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 27 September 2018. Accessed on 16 December 2018.
17. Eletriptan hydrobromide. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 11 December 2018. Accessed 16 December 2018.
18. Naratriptan hydrochloride. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 27 September 2018. Accessed on 16 December 2018.
19. Zolmitriptan. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 30 November 2018. Accessed on 16 December 2018.
20. Migranal® nasal spray [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; July 2019