



Missouri Pharmacy Program – Preferred Drug List



5-HT1 Serotonin Receptor Agonists (Triptans)

Effective 06/15/2005

Revised 01/06/2011

Preferred Agents

Clinical Edits May Apply

- **Sumatriptan Tabs**
- **Sumatriptan Nasal**
- **Sumatriptan Cartridge/Pen**
- Maxalt® Tablets
- Maxalt® MLT
- Treximet®

Non-Preferred Agents

Clinical Edits May Apply

- Frova®
- Zomig® ZMT
- Zomig® Nasal Spray
- Zomig® Tablets
- Amerge®
- Axert®
- **Relpax®**
- **Imitrex® Nasal Spray**
- **Imitrex® Tablets**
- **Imitrex® Kit/Cartridge**
- **Imitrex® Vial**

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agent(s)	Lack of adequate trial on required preferred agent
Adolescents aged 12 to 17 years <ul style="list-style-type: none"> ○ Axert ○ Imitrex Nasal Spray available only if: <ul style="list-style-type: none"> ▪ Trial and failure on Axert therapy ▪ Trial of alternative analgesics as appropriate ▪ Therapy subject to clinical consultant's determination 	Requests for Triptan therapy will be denied in the absence of approval criteria and under the following conditions: <ul style="list-style-type: none"> > Ischemic heart disease > Peripheral vascular syndromes > Cerebrovascular disease > Malignant hypertension > Concurrent ergot therapy > Concurrent MAOI therapy
Documented Diagnosis of Migraine in the last 2 years ICD-9 codes 346.0 – 346.9	
Documented ADE/ADR to preferred agent	
Documented trial period for preferred agent	
Documented compliance on current therapy regimen.	
A Triptan prescription will be approved if the quantity per prescription does not exceed the maximum amount needed to treat 4 migraines per month at the maximum daily dose per product labeling. * See appendix-page 2	The patient's prescribed Triptan therapy exceeds the monthly dosage maximum, respective to product and dosage form, during the 30-day period prior to date of service for the new prescription supply. *See appendix
	Drug Prior Authorization Hotline: (800) 392-8030

APPENDIX

Maximum Monthly Quantity*

Product	Brand Name	Available dosages	Maximum Daily Dosage	Maximum Monthly Quantity*
Sumatriptan Injection	Imitrex Inj	6mg/0.5ml	12 mg (1ml)	48mg (4 mL) 8x 0.5ml cartridges
Sumatriptan Tablets	Imitrex	25mg, 50mg, 100mg	200 mg	900 mg: 36 x 25 mg tabs 18 x 50mg tabs 9 x 100mg tabs
Sumatriptan Nasal	Imitrex Nasal Spray	5 and 20 mg unit of use	40 mg	160 mg: 32 x 5 mg spray units 8 x 20 mg spray units
Naratriptan	Amerge	1 mg, 2.5 mg	5mg	20 mg: 20 x 1 mg 8 x 2.5 mg
Zolmitriptan Tablets	Zomig-Tablets, ZMT	5 mg, 2.5 mg 2.5mg	10mg	30 mg: 12 x 2.5 mg tabs 6 x 5 mg tabs
Zolmitriptan Nasal spray	Zomig Nasal Spray	5mg	10mg	40mg 8 x 5mg spray units
Rizatriptan benzoate	Maxalt	5mg, 10 mg	30mg	120 mg: 24 x 5 mg tabs 12 x 10 mg tabs
Rizatriptan benzoate-MLT	Maxalt-MLT			
Almotriptan	Axert	6.25mg, 12.5 mg	25 mg	100 mg: 16 x 6.25 mg tabs 8 x 12.5 mg tabs
Frovatriptan	Frova	2.5 mg	7.5 mg	9 x 2.5 mg tabs
Eletriptan	Relpax	20mg, 40mg	80mg	240mg: 12 x 20mg tabs 6 x 40mg tabs
Sumatriptan/Naproxen	Treximet	85mg/500mg	2 Tablets	10 tabs (5 episodes)

* maximum monthly dose calculated at treating 4 episodes per month (excluding Zomig which was calculated at treating 3 episodes per month)