



## Missouri Pharmacy Program – Preferred Drug List



### 5-HT<sub>1</sub> Serotonin Receptor Agonists (Triptans)

Effective 06/15/2005

Revised 04/05/2018

#### Preferred Agents

Clinical Edits May Apply

- Relpax® Tablets
- Rizatriptan Tablets
- Rizatriptan ODT
- Sumatriptan Tabs
- Sumatriptan Kit/Vial
- Sumatriptan Nasal
- **Sumatriptan Syringe**

#### Non-Preferred Agents

Clinical Edits May Apply

- Almotriptan Tablets
- Alsuma® Injection (discontinued)
- Amerge® Tablets
- Axert® Tablets
- **Eletriptan Tablets**
- Frova® Tablets
- Frovatriptan Tablets
- Imitrex® Tablets
- Imitrex® Kit/Vial
- Imitrex® Nasal Spray
- Maxalt® Tablets/MLT
- Migranow® Kit
- Naratriptan Tablets
- Onzetra® Xsail Nasal Powder
- Rivastigmine Transdermal
- Sumavel® DosePro Injection
- Treximet® Tablets
- Zecuity® Transdermal Patch
- Zembrace® SymTouch Injector
- Zomig® Tabs/ ZMT/ Nasal
- Zolmitriptan Tablets/ODT

### Approval Criteria

- Documented Diagnosis of Migraine in the last 2 years
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
  - Compliance defined as therapy 15 days out of the most recent 60 days

- Pediatric patients aged 6 to 17 years of age
  - Maxalt (Rizatriptan)
- Adolescents aged 12 to 17 years of age
  - Axert (Almotriptan)

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**).

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Requests for triptan therapy will be denied in the absence of approval criteria and under the following conditions:
  - Ischemic heart disease
  - Peripheral vascular syndromes
  - Cerebrovascular disease
  - Malignant hypertension
  - Hemiplegic or basilar migraine
  - Concurrent ergot therapy
  - Concurrent MAOI therapy

## APPENDIX: Maximum Monthly Quantity\*

Product	Available dosages	Maximum Daily Dosage	Maximum Monthly Quantity*
Sumatriptan (Imitrex/Sumavel DosePro) Injection	4mg/0.5ml	12 mg (1.5ml)	48mg (6 mL) 12 x 0.5ml cartridges
Sumatriptan (Imitrex/Sumavel DosePro) Injection	6mg/0.5ml	12 mg (1ml)	48mg (4 mL) 8 x 0.5ml cartridges
Sumatriptan (Zembrace) Injection	3mg/0.5 ml	12 mg (2ml)	48mg (8 ml) 16 x 0.5ml pens
Sumatriptan (Imitrex) Tablets	25mg, 50mg, 100mg	200 mg	900 mg: 36 x 25 mg tabs 18 x 50mg tabs 9 x 100mg tabs
Sumatriptan/Camphor/Menthol (Migranow) Kit	50mg 4% / 10%	200mg	450mg (1 kit) 9 x 50mg tabs
Sumatriptan (Imitrex) Nasal	5 and 20 mg unit of use	40 mg	160 mg: 32 x 5 mg spray units 8 x 20 mg spray units
Sumatriptan (Onzetra Xsail) Nasal Powder	11mg base/nosepiece	44mg	176mg: 16 x 11 mg units
Sumatriptan (Zecuity) Transdermal	6.5mg/4hrs	13mg	26mg: 4 systems

Patch		(2 systems)	
Naratriptan (Amerge) Tablets	1 mg, 2.5 mg	5mg	20 mg: 20 x 1 mg tabs 8 x 2.5 mg tabs
Zolmitriptan (Zomig/ZMT) Tablets	5 mg, 2.5 mg 2.5mg	10mg	30 mg: 12 x 2.5 mg tabs 6 x 5 mg tabs
Zolmitriptan (Zomig) Nasal spray	5mg	10mg	40mg 8 x 5mg spray units
Rizatriptan (Maxalt) benzoate Tablets	5mg, 10 mg	30mg	120 mg: 24 x 5 mg tabs 12 x 10 mg tabs
Rizatriptan (Maxalt MLT) benzoate Tablets			
Almotriptan (Axert) Tablets	6.25 mg, 12.5 mg	25 mg	100 mg: 16 x 6.25 mg tabs 8 x 12.5 mg tabs
Frovatriptan (Frova) Tablets	2.5 mg	7.5 mg	9 x 2.5 mg tabs
Eletriptan (Relpax) Tablets	20mg, 40mg	80mg	240mg: 12 x 20mg tabs 6 x 40mg tabs
Sumatriptan/Naproxen (Treximet) Tablets	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)