



## Missouri Pharmacy Program – Preferred Drug List



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

Effective 06/15/2005

Revised 07/18/2019

#### Preferred Agents

- Rizatriptan ODT/Tabs
- Sumatriptan Car/Kit/Syringe/Vial
- Sumatriptan Nasal Spray
- Sumatriptan Tabs

#### Non-Preferred Agents

- Almotriptan
- Amerge®
- Eletriptan
- Frova®
- Frovatriptan
- Imitrex® Car/Kit/Syringe/Vial
- Imitrex® Nasal Spray/Tabs
- Maxalt®
- Maxalt-MLT®
- Migranow Kit
- Naratriptan
- Onzetra® Xsail®
- Relpax®
- Sumatriptan/Naproxen
- Treximet®
- Zembrace™ Symtouch™
- Zolmitriptan ODT/Tabs
- Zomig® Nasal Spray/Tabs
- Zomig-ZMT®

### 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 of preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
  - Compliance defined as 15 days of therapy out of the most recent 60 days
- Maxalt (Rizatriptan)
  - Pediatric patients aged 6 to 17 years of age

- Axert (Almotriptan)
  - Adolescents aged 12 to 17 years of age

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
- Drug Prior Authorization Hotline: (800) 392-8030
- 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) Injection	4mg/0.5ml	12 mg (1.5 ml)	48mg (6 mL) :
			12x 0.5ml cartridges
Sumatriptan (Imitrex/Alsuma) Injection	6mg/0.5ml	12 mg (1 ml)	48mg (4 mL) :
			8x 0.5ml cartridges
Sumatriptan (Zembrace) Symtouch Pen injection	3mg/0.5ml	12 mg (2 ml)	48mg (8 ml)
			16 x 0.5 ml pens
Sumatriptan (Imitrex) Tablets	25mg, 50mg, 100mg	200 mg	900 mg:
			36 x 25 mg tabs
			18 x 50mg tabs
Sumatriptan/Camphor/Menthol (Migranow) Kit	50mg/4%/10%	200 mg	450 mg (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	11 mg base/nosepiece (2 nosepieces per pack)	44 mg	176 mg
			16 x 11 mg pouches
Naratriptan (Amerge)	1 mg, 2.5 mg	5 mg	20 mg:
			20 x 1 mg
			8 x 2.5 mg
Zolmitriptan (Zomig/ZMT) Tablets	5 mg, 2.5 mg	10 mg	30 mg:
			12 x 2.5 mg tabs
	2.5mg, 5 mg		6 x 5 mg tabs
Zolmitriptan (Zomig) Nasal spray	5mg, 2.5 mg	10 mg	40mg
			8 x 5mg spray units
			16 x 2.5mg spray units
Rizatriptan (Maxalt) benzoate	5mg, 10 mg	30 mg	120 mg:
			24 x 5 mg tabs
Rizatriptan (Maxalt MLT) benzoate-MLT	5 mg, 10 mg	30 mg	12 x 10 mg tabs
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	23 mg:
			9 x 2.5 mg tabs
Eletriptan (Relpax)	20mg, 40mg	80 mg	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)