

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2017 P 1110-5
Program	Supply Limit- Oxford
Medication	Triptans-Agents for Migraine
P&T Approval Date	8/2012, 8/2013, 11/2013, 11/2014, 11/2015, 3/2016, 4/2017
Effective Date	Oxford: 8/1/2017

**1. Background:**

Amerge (naratriptan), Axert (almotriptan), Frova (frovatriptan), Imitrex (sumatriptan), Maxalt and Maxalt-MLT (rizatriptan), Onzetra Xsail (sumatriptan), Relpax (eletriptan), Sumavel DosePro, Zembrace SymTouch (sumatriptan) and Zomig, Zomig-ZMT and Zomig Nasal Spray (zolmitriptan) are approved for the acute treatment of migraine with or without aura. Triptans are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine.

**2. Coverage Criteria:**

**A. Amerge, Axert \*, Frova, Imitrex Nasal Spray\*, Imitrex Injection\*, Maxalt\*, Maxalt-MLT\*, Onzetra Xsail\*, Relpax, Sumavel DosePro\*, Zembrace SymTouch\*, Zomig, Zomig-ZMT and Zomig Nasal Spray** quantity requests exceeding the limited amount per copayment or coinsurance will be approved for **up to the ceiling limit** based on the following criteria:

1. Diagnosis of moderate to severe migraine headaches with or without aura

**-AND-**

2. One of the following:

a. Member has more than four migraines per month (provide number of migraines per month). Approval amount will only allow for treatment of the number of migraines per month the member experiences, up to the ceiling limit. The safety of treating an average of more than 4 headaches in a 30-day period has not been established

**-OR-**

b. Member has more than two migraines per month each requiring more than one dose (provide number of migraines per month). Approval amount will only allow for treatment of the number of migraines per month the member experiences, up to the ceiling limit.

**-AND-**

3. Physician acknowledges that the potential benefit outweighs the risk associated with the higher dose or quantity

<b>Triptan Ceiling Limits: Quantity per Copayment</b>		
<b>Drug</b>	<b>Retail</b>	<b>Home Delivery</b>
Amerge	8 tablets	24 tablets
Axert*	8 tablets	24 tablets
Frova	8 tablets	24 tablets
Imitrex Nasal Spray*	2 packs (12 units)	6 packs (36 units)
Imitrex Injection 4mg and 6mg syringes*	4 kits (8 injections)	12 kits (24 injections)
Imitrex Injection Vials*	8 vials	24 vials
Maxalt*, Maxalt*-MLT	8 tablets	24 tablets
Onzetra Xsail*	8 pouches (16 nose pieces)	24 pouches (48 nose pieces)
Relpax	8 tablets	24 tablets
Sumavel DosePro*	8 units	24 units
Zembrace SymTouch*	8 auto-injectors	24 auto-injectors
Zomig, Zomig-ZMT	8 tablets	24 tablets
Zomig Nasal Spray	2 packs (12 units)	6 packs (36 units)

\* Axert (brand), Imitrex (brand), Maxalt (brand), Maxalt MLT (brand), Onzetra Xsail, Sumavel Dose-Pro and Zembrace SymTouch are non-preferred agents and tried/failed criteria may apply.

**3. Additional Clinical Rules:**

- None

**4. References:**

1. Amerge Prescribing Information. GlaxoSmithKline. Research Triangle Park, NC. December 2016.
2. Axert Prescribing Information. Janssen Pharmaceutical, Inc. Titusville, NJ. August 2014.
3. Frova Prescribing Information. Endo Pharmaceuticals, Inc. Malvern, PA. October 2013.
4. Imitrex Nasal Spray Prescribing Information. GlaxoSmithKline. Research Triangle Park, NC. November 2013.

5. Imitrex Injection Prescribing Information. GlaxoSmithKline. Research Triangle Park, NC. June 2015.
6. Maxalt/ Maxalt MLT Prescribing Information. Merck & Co., Inc. Whitehouse Station, NJ. March 2015.
7. Onzetra Xsail Prescribing Information. Avanir Pharmaceuticals, Inc. Aliso Viego, CA. January 2016.
8. Relpax Prescribing Information. Pfizer, Inc. New York, NY. November 2013.
9. Sumavel DosePro Prescribing Information Endo Pharmaceuticals, Inc. Malvern, PA. June 2016.
10. Zembrace SymTouch Prescribing Information. Dr. Reddy's Laboratories Limited. San Diego, CA. January 2016.
11. Zomig/ Zomig ZMT Prescribing Information. Astra Zeneca. Wilmington, DE. November 2016.
12. Zomig Nasal Spray Prescribing Information. Astra Zeneca. Wilmington, DE. November 2016.

Program	Supply Limit – Oxford - Triptans
<b>Change Control</b>	
Date	Change
8/2013	Reformatted to standard and updated references.
11/2013	Added coverage requirements used by medical directors for review
11/2014	Annual review with administrative changes.
11/2015	Annual review with administrative changes.
3/2016	Removed Imitrex tablets from criteria as standard supply limit was increased.
4/2017	Added Onzetra Xsail and Zembrace SymTouch. Removed Treximet since no additional quantity is available. Removed Alsuma since off the market.