



**Policy Title** Migraine Agents

**Policy Number** FS.CLIN.53

***Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.***

***This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.***

***Members are advised to use participating pharmacies in order to receive the highest level of benefits.***

## Policy

**Migraine agents** (eg, 5-hydroxytryptamine<sub>1</sub> receptor agonists) are used for the treatment of migraine headaches. These agents are subject to quantity limits and require prior authorization. The current quantity limits allow for the treatment of four to six acute migraine headaches per month and were developed based on US Food and Drug Administration (FDA) recommendations.

The use of Sumatriptan injection (Sumavel DosePro™), Rizatriptan (Maxalt®, Maxalt-MLT®), Sumatriptan and naproxen sodium (Treximet™), Almotriptan (Axert®), Eletriptan (Relpax®), Frovatriptan (Frova®), Zolmitriptan (Zomig®, Zomig® Nasal Spray, Zomig-ZMT®), Brand Naratriptan (Amerge®), Brand Sumatriptan (Imitrex®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Migraine headaches are believed to result from the

## Policy Description

dilatation of blood vessels in the brain. One class of migraine agents, the triptans, is selective 5-hydroxytryptamine<sub>1</sub> (5-HT<sub>1</sub> or serotonin) receptor agonists. These 5-HT<sub>1</sub> receptor agonists cause constriction of the blood vessels, thereby relieving the pain of a migraine headache. These drugs bind to specific areas on the blood vessels and nerves and stop the inflammation and pain. While they are very effective in relieving migraine headaches, they do not prevent or reduce the number of headaches if taken prophylactically.

Dihydroergotamine is an ergotamine derivative. Ergotamine derivatives exert their effects in the same manner as the triptans but are nonspecific in their binding capabilities (to blood vessels). Therefore, dihydroergotamine may have slightly more side effects. The therapeutic effect of dihydroergotamine is generally attributed to the agonist effect at serotonin receptors. Dihydroergotamine is also effective for prolonged headaches.

Butorphanol and its major metabolites are agonists at the K-opioid receptors and mixed agonist-antagonists at the  $\mu$ -opioid receptors. While they mask the pain of migraine headaches, they do not stop the headaches.

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## Policy Guideline Inclusion

**Rizatriptan (Maxalt®, Maxalt-MLT®)** is approved when **all** of the following inclusion criteria are present

- Documentation of a diagnosis of migraine
- Documentation that the individual is 12 years of age or older
- Documentation of trial/failure or contraindication to a sumatriptan containing product

**Sumatriptan and naproxen sodium (Treximet™)** is approved when **all** of the following inclusion criteria are present:

- Documentation of a diagnosis of migraine
- Documentation that the individual is 12 years of age or older
- Documentation of a trial and failure of sumatriptan (Imitrex)

**Almotriptan (Axert®), Eletriptan (Relpax®), Frovatriptan (Frova®), Zolmitriptan (Zomig®, Zomig® Nasal Spray, Zomig-ZMT®)** is approved when **all** of the following inclusion criteria are present

- Documentation of a diagnosis of migraine
- Documentation that the individual is 12 years of age or older
- Documentation of trial/failure or contraindication to a sumatriptan containing product
- Documentation of trial/failure or contraindication to Rizatriptan (Maxalt/Maxalt-MLT) (*requires prior authorization*)

**Brand Naratriptan (Amerge®)** is approved when **all** of the following inclusion criterion is met:

- Documentation of a diagnosis of migraine
- Documentation that the individual is 12 years of age or older
- Documentation of trial and failure or contraindication to generic naratriptan

**Brand Sumatriptan (Imitrex®)** is approved when **all** of the following inclusion criterion is met:

- Documentation of a diagnosis of migraine
- Documentation that the individual is 12 years of age or older
- Documentation of trial and failure or contraindication to generic sumatriptan

**Sumatriptan (Alsuma, Sumavel DosePro™)** is approved when **all** of the following inclusion criteria are met:

- Documentation of age 12 years or older
- Documentation of a diagnosis of migraine or cluster headaches
- Documentation of a trial and failure or contraindication with sumatriptan (Imitrex) vials or pen injectors

**Quantity Limits on Migraine Agents** (*All migraine agents will be subject to the existing quantity limits*)

**An increased quantity of a migraine agent** is approved when **all** of the following inclusion criteria are met:

- Documented diagnosis of migraine headaches
  - Trial of prophylactic treatment with **one** of the following: beta blockers, calcium channel blockers, tricyclic antidepressants, valproic acid, methysergide, or cyproheptadine or topiramate containing product
  - Requested quantity does not exceed the manufacturer-recommend maximum daily doses
  - The individual has been examined by a neurologist within the past three years
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## Policy Guideline Exclusion

**Rizatriptan (Maxalt®, Maxalt-MLT®)** is denied when **any** of the following exclusion criteria are found

- No documentation of a diagnosis of migraine
- No documentation that the individual is 12 years of age or older
- No documentation of trial/failure or contraindication to a sumatriptan containing product

**Sumatriptan and naproxen sodium (Treximet™)** is denied when **any** of the following exclusion criteria are found:

- No documentation of a diagnosis of migraine
- No documentation that the individual is 12 years of age or older
- No documentation of a trial and failure with sumatriptan (Imitrex)

**Almotriptan (Axert®), Eletriptan (Relpax®), Frovatriptan (Frova®), Zolmitriptan (Zomig®, Zomig® Nasal Spray, Zomig-ZMT®)** is denied when **any** of the following exclusion criteria are found:

- No documentation of a diagnosis of migraine
- No documentation that the individual is 12 years of age or older
- No documentation of trial/failure or contraindication to a sumatriptan containing product
- No documentation of trial/failure or contraindication to Rizatriptan (Maxalt/Maxalt-MLT) (*requires prior authorization*)

**Brand Naratriptan (Amerge®)** is denied when **any** of the following exclusion criteria are found:

- No documentation of a diagnosis of migraine
- No documentation that the individual is 12 years of age or older
- No documentation of trial and failure or contraindication to generic naratriptan

**Brand Sumatriptan (Imitrex®)** is denied when **any** of the following exclusion criteria are found:

- No documentation of a diagnosis of migraine
- No documentation that the individual is 12 years of age or older
- No documentation of trial and failure or contraindication to generic sumatriptan

**Sumatriptan (Alsuma, Sumavel DosePro™)** is denied when **any** of the following inclusion criteria are found:

- No documentation of age 12 years or older
- No documentation of a diagnosis of migraine or cluster headaches
- No documentation of a trial and failure or contraindication with sumatriptan (Imitrex) vials or pen injectors

**Quantity Limits on Migraine Agents** (*All migraine agents will be subject to the existing quantity limits*)

**An increased quantity of a migraine agent** is denied when **any** of the following exclusion criteria are found:

- No documentation of diagnosis of migraine headaches.
- No documentation of trial of prophylactic treatment with beta blockers, calcium channel blockers, tricyclic antidepressants, valproic acid, methylsergide, or cyproheptadine or topiramate containing product
- Requested quantity does exceed the manufacturer-recommend maximum daily doses
- No documentation that the individual has been examined by a neurologist within the past three years

## Policy List of Applicable Drugs

Medication	Dosage Form	Quantity Limit (within 30 days)
<b>5HT Receptor Agonists ("triptans")</b>		
Amerge® (naratriptan)	1 mg tablets	23 tablets
Amerge® (naratriptan)	2.5 mg tablets	9 tablets
Axert® (almotriptan)	6.25 mg tablets	24 tablets
Axert® (almotriptan)	12.5 mg tablets	12 tablets
Frova (frovatriptan)	2.5 mg tablets	18 tablets
Imitrex® (sumatriptan)	4 mg injections	14 kits (28 injections)
Imitrex®, Alsuma (sumatriptan)	6 mg injections	9 kits (18 injections)
Imitrex® (sumatriptan)	25 mg tablets	72 tablets
Imitrex® (sumatriptan)	50 mg tablets	36 tablets
Imitrex® (sumatriptan)	100 mg tablets	18 tablets
Imitrex® (sumatriptan)	5 mg nasal spray	72 units
Imitrex® (sumatriptan)	20 mg nasal spray	18 units
Maxalt® and Maxalt MLT® (rizatriptan)	5 mg tablets	24 tablets
Maxalt® and Maxalt MLT® (rizatriptan)	10 mg tablets	12 tablets
Relpax® (eletriptan HBr)	20 mg tablets	24 tablets
Relpax® (eletriptan HBr)	40 mg tablets	12 tablets
Sumavel DosePro™ (Sumatriptan)	6 mg injections	18 injections
Treximet™ (Sumatriptan and naproxen sodium)	Sumatriptan 85 mg, naproxen sodium 500 mg tablets	18 tablets
Zomig® and Zomig ZMT® (zolmitriptan)	2.5 mg tablets	18 tablets
Zomig® and Zomig ZMT® (zolmitriptan)	5 mg tablets	9 tablets
Zomig NS® (zolmitriptan)	5 mg nasal spray	9 units

<b>Other Migraine Agents</b>		
Migranal® (dihydroergotamine)	4 mg nasal spray	One 8-dose package (8 mL)
Stadol NS® (butorphanol)	10 mg nasal spray	4 units

This list is subject to change as new products are introduced to the market.

## Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

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## Policy Link to Related Policies

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