



Missouri Pharmacy Program – Preferred Drug List



5-HT₁ Serotonin Receptor Agonists (Triptans)

Effective 06/15/2005

Revised 01/05/2012

Preferred Agents

Clinical Edits May Apply

- Sumatriptan Tabs
- Sumatriptan Nasal
- Sumatriptan Cartridge/Pen
- Sumatriptan Kit
- Maxalt® Tablets
- Maxalt® MLT

Non-Preferred Agents

Clinical Edits May Apply

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

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented Diagnosis of Migraine <ul style="list-style-type: none"> • ICD-9 code category 346 in the last 2 years {346.0 – 346.9} 	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	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 • Hemiplegic or basilar migraine • Concurrent ergot therapy • Concurrent MAOI therapy
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen <ul style="list-style-type: none"> • Compliance defined as therapy 15 days out of the most recent 60 days 	Drug Prior Authorization Hotline: (800) 392-8030

Adolescents aged 12 to 17 years <ul style="list-style-type: none"> ○ Axert ○ Imitrex Nasal Spray and Tablets 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 	Drug Prior Authorization Hotline: (800) 392-8030
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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**).

APPENDIX

Maximum Monthly Quantity*

Product	Brand Name	Available dosages	Maximum Daily Dosage	Maximum Monthly Quantity*
Sumatriptan Injection	Imitrex Inj Sumavel	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)