

Triptans for Migraine Drug Use Criteria

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Updated:

Includes:

<i>Sumatriptan tablets</i>	<i>Formulary</i>
<i>Rizatriptan tablets</i>	<i>Formulary</i>
<i>Eletriptan tablets</i>	<i>Formulary - Step Therapy</i>
<i>Zolmitriptan tablets</i>	<i>Formulary - Step Therapy</i>
<i>Sumatriptan injection</i>	<i>Formulary- Prior Authorization</i>
<i>Sumatriptan nasal spray</i>	<i>Formulary- Prior Authorization</i>
<i>Naratriptan tablets</i>	<i>Non-formulary</i>
<i>Zolmitriptan nasal spray</i>	<i>Non-formulary</i>
<i>Almotriptan tablets</i>	<i>Non-formulary</i>
<i>Frovatriptan tablets</i>	<i>Non-formulary</i>

GUIDELINE FOR USE:

1. Is the requested medication being used for the treatment of migraine headaches?
 - a. If yes, go to 4.
 - b. If no, go to 2.
2. Is the requested medication being used for the treatment of cluster headaches?
 - a. If yes, go to 3.
 - b. If no, deny as criteria not met. Off-label use of medication is not a covered benefit on Oregon Health Plan.
3. Is the request for sumatriptan injection or sumatriptan nasal?
 - a. If yes, approve up to 6 months with a quantity limit of 6 injections or 6 nasal sprays per month. Monthly quantity limits are in place to prevent over-use or rebound headaches.
 - b. If no, deny as not meeting criteria. Recommend change to sumatriptan injection or nasal spray and prophylactic agents such as verapamil.
4. Does the member have any contraindications to triptan therapy (see table below)?
 - a. If yes, deny as criteria not met. Member has a documented contraindication to therapy (list contraindication).
 - b. If no, go to 5.
5. Is the request for a formulary medication?
 - a. If yes, go to 6.
 - b. If no, go to 8.

6. Is the request for sumatriptan tablets or rizatriptan tablets?
 - a. If yes, go to 7.
 - b. If no, go to 10.

7. Is the request more than 9 tablets per 30 days?
 - a. If yes, deny as criteria not met. Oral triptans are limited to 9 tablets per 30 days.
 - b. If no, trouble-shoot claim payment (e.g., day supply, refill too soon).

8. Is the request for zolmitriptan tablets or eletriptan?
 - a. If yes, go to 9.
 - b. If no, go to 10.

9. Has the member trialed both sumatriptan tablets and rizatriptan tablets or have documented intolerance/contraindication to sumatriptan and rizatriptan?
 - a. If yes, approve for up to 12 months with a quantity limit of 9 tablets per 30 days. Monthly quantity limits are in place to prevent over-use or rebound headaches.
 - b. If no, deny as criteria not met. Trial of both sumatriptan tablets and rizatriptan tablets is required prior to moving to zolmitriptan or eletriptan.

10. Is the request for sumatriptan injection or sumatriptan nasal spray?
 - a. If yes, go to 11.
 - b. If no, go to 12.

11. Has the member trialed optimized dosing of formulary sumatriptan tablets or rizatriptan tablets supported by prescription fill history review in MedAccess?
 - a. If yes, approve up to 6 months with a quantity limit of 6 injections or 6 nasal sprays per month. Monthly quantity limits are in place to prevent over-use or rebound headaches.
 - b. If no, deny as criteria not met. Please trial formulary, least costly alternatives of sumatriptan tablets or rizatriptan tablets.

12. Has the member trialed formulary alternatives, including the step-therapy medications or formulary medications requiring a prior authorization?
 - a. If yes, approve up to 12 months with a quantity limit of 9 tablets per 30 days. Monthly quantity limits are in place to prevent over-use or rebound headaches.
 - b. If no, deny as criteria not met. Please trial formulary alternatives sumatriptan and rizatriptan or eletriptan (step therapy) or zolmitriptan (step therapy).

Rationale:

To promote use of formulary, least costly triptans.

FDA Approved Indications:

Sumatriptan injection	Acute cluster headache; acute treatment of moderate to severe migraine
Sumatriptan nasal	Acute treatment of moderate to severe migraine
Sumatriptan oral	Acute treatment of moderate to severe migraine

Rizatriptan oral	Acute treatment of moderate to severe migraine
Zolmitriptan nasal	Acute treatment of moderate to severe migraine
Zolmitriptan oral	Acute treatment of moderate to severe migraine
Naratriptan oral	Acute treatment of moderate to severe migraine
Almotriptan oral	Acute treatment of moderate to severe migraine
Frovatriptan oral	Acute treatment of moderate to severe migraine

Contraindication:

- History of coronary artery disease or coronary artery vasospasm
- Wolff-Parkinson-White syndrome or other cardiac accessory conduction pathway disorder
- History of stroke, transient ischemic attack, or hemiplegic or basilar migraine
- Peripheral vascular disease
- Ischemic Bowel Disease
- Uncontrolled Hypertension
- Recent (within 24 hours) use of another 5-HT₁ agonist or of an ergotamine containing medication
- Concurrent or recent (past 2 weeks) use of MOA-inhibitor
- Hypersensitivity to sumatriptan (angioedema or anaphylaxis seen)
- Severe hepatic impairment

References:

- Cluster headache: Treatment and prognosis. UpToDate. Last updated: Jan 05, 2024.
- Acute treatment of migraine in adults. UpToDate. Last updated: Nov 27, 2023.
- Sumatriptan: Drug information. UpToDate.
- Rizatriptan: Drug information. UpToDate.
- Zolmitriptan: Drug information. UpToDate.
- Eletriptan: Drug information. UpToDate.
- Naratriptan: Drug information. UpToDate.
- Almotriptan: Drug information. UpToDate.
- Frovatriptan: Drug information. UpToDate.