

| Market Applicability |    |    |    |    |    |    |    |
|----------------------|----|----|----|----|----|----|----|
| Market               | DC | GA | KY | MD | NJ | NY | WA |
| Applicable           | X  | X  | X  | X  | X  | X  | NA |

## Non Preferred Oral Triptans Step Therapy

| Override(s)                           | Approval Duration |
|---------------------------------------|-------------------|
| Prior Authorization<br>Quantity Limit | 1 year            |

| Medications  | Quantity Limit             |
|--|----------------------------|
| Amerge Brand 1mg, 2.5mg tablets                                      | Subject to Quantity Limits |
| Axert (almotriptan) 6.25mg, 12.5mg tablets                           |                            |
| Imitrex Brand 25mg, 50mg, 100mg tablets                              |                            |
| Frova (frovatriptan) 2.5mg tablets                                   |                            |
| Maxalt (rizatriptan) 5mg, 10mg tablets                               |                            |
| Maxalt MLT (rizatriptan) 5mg, 10mg orally disintegrating tablets     |                            |
| Relpax (eletriptan) 20mg, 40mg tablets                               |                            |
| Treximet (sumatriptan/naproxen sodium) 10mg/60mg, 85mg/500mg tablets |                            |
| Zomig (zolmitriptan) 2.5mg, 5mg tablets                              |                            |
| Zomig ZMT (zolmitriptan) 2.5mg, 5mg orally disintegrating tablets    |                            |

### **APPROVAL CRITERIA**

Requests for non-preferred oral triptan agents may be approved if the following criteria are met:

- I. Individual has had trial of and inadequate response or intolerance to **two** preferred oral triptan agents.

Preferred Oral Agents: sumatriptan tablet, naratriptan tablet

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Requests for Treximet (sumatriptan/naproxen sodium) must also meet the following criteria:

- I. Individual has had a trial and an adequate response to one oral non-steroidal anti-inflammatory drug (NSAID) used at the same time as oral triptan agent; **AND**
- II. Documentation has been provided for why the combination agent is clinically necessary and not for convenience.

**Note:** Axert is FDA approved in pediatric individuals 12 years of age or older. Maxalt and Maxalt MLT is FDA approved for pediatric individuals ages 6-17. Axert requests for individuals age 12 years up to 18 years are exempt from step therapy. Maxalt and Maxalt MLT requests for individuals age 6 years up to 18 years are exempt from step therapy.

| State Specific Mandates |                |   |
|-------------------------|----------------|---|
| State name              | Date effective | Mandate details (including specific bill if applicable) |
| N/A                     | N/A            | N/A   |

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

| <b>Market Applicability</b> |           |           |           |           |           |           |           |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Market</b>               | <b>DC</b> | <b>GA</b> | <b>KY</b> | <b>MD</b> | <b>NJ</b> | <b>NY</b> | <b>WA</b> |
| <b>Applicable</b>           | X         | X         | X         | X         | X         | X         | NA        |

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