

Pharmacy Policy Bulletin

Title: Migraine Agents

Policy #: Rx.01.56

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 restrictions. 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

▸ Intent:

Migraine agents (eg, 5-hydroxytryptamine₁ 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.

▸ Description:

Migraine headaches are believed to result from the dilatation of blood vessels in the brain. One class of migraine agents, the triptans, is selective 5-hydroxytryptamine₁ (5-HT₁ or serotonin) receptor agonists. These 5-HT₁ 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 μ -opioid receptors. While they mask the pain of migraine headaches, they do not stop the headaches.

▸ Policy:

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 6 years of age or older

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)

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

Almotriptan (Axert)

Patients aged 18 years or older

Almotriptan (Axert®) is approved when all of the following inclusion criteria are present

- Documentation of a diagnosis of migraine
- 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*)

Patients aged 12-17 years

Almotriptan (Axert®) is approved when all of the following inclusion criteria are present

- Documentation of a diagnosis of migraine
- Documentation of trial/failure or contraindication to Rizatriptan (Maxalt/Maxalt-MLT) (*requires prior authorization*)

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, methylsergide, 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

Guidelines:

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

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

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Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Medication	Dosage Form	Quantity Limit (within 30 days)
5HT Receptor Agonists ("triptans")		
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
Other Migraine Agents		
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.

Cross References:

Age Edits for Pharmaceuticals Covered Under the Pharmacy Benefit

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