

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Injectable Triptans

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit*
Alsuma (sumatriptan) Injectable 6mg/0.5mL	Subject to quantity limits  *for quantity override criteria see the Triptan Quantity Limit program
Imitrex (sumatriptan) Injectable 4mg/0.5mL, 6mg/0.5mL	
Sumavel DosePro (sumatriptan) Injectable 4mg/0.5mL, 6mg/0.5mL	
Zembrace SymTouch (sumatriptan) Injectable 3mg/0.5mL	

### APPROVAL CRITERIA

Requests for injectable triptan agents may be approved if the following criteria are met:

- I. One of the following:
  - A. Individual has had a trial of and inadequate response or intolerance to **two** oral preferred triptan agents; **OR**

Preferred oral agents: naratriptan (generic Amerge), sumatriptan (generic Imitrex)

- B. Oral triptan agents are not acceptable due to concomitant clinical conditions, such as but not limited to the following:
  1. Individual is unable to take oral medications due to one of the following:
    - a. Individual experiences nausea and vomiting due to migraines; **OR**
    - b. Individual requires a more rapid onset of action due to short aura time period; **OR**
    - c. Individual cannot swallow tablets and there are no preferred ODT (oral disintegrating tablet) formulations;

### **AND**

- II. Individual has had a trial of and inadequate response or intolerance to **one** preferred injectable triptan agent.

Preferred injectable agent: Sumatriptan (generic Imitrex)

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.

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Non-preferred injectable agents: Brand Imitrex, Alsuma, Sumavel, Zembrace  
SymTouchOral

State Specific Mandates		
State name Louisiana MCD	Date effective N/A	Mandate details (including specific bill if applicable)  Louisiana common PDL requires coverage of generic sumatriptan injections. These agents will not reject for step therapy (i.e., require trial of two preferred oral agents) for Louisiana Medicaid.  Note – all other NP injectable triptan agents will be subject to step therapy as outlined above.

**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.

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