

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

## Nasal Triptan Agents Step Therapy

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

*\*Louisiana Medicaid – See State Specific Mandates*

Medications	Comment	Quantity Limit
Sumatriptan Nasal Spray (generic)	Preferred	Subject to quantity limits
Imitrex (sumatriptan) Nasal Spray	Non-Preferred	Subject to quantity limits
Onzetra Xsail (sumatriptan) Nasal Powder	Non-Preferred	Subject to quantity limits
Zomig (zolmitriptan) Nasal Spray	Non-Preferred	Subject to quantity limits

### **APPROVAL CRITERIA**

Requests for nasal triptan agents may be approved if the following criteria is 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.
  - I. Individual has had a trial of and inadequate response or intolerance to the one preferred nasal triptan agent  
Preferred nasal agent: Sumatriptan (generic Imitrex)

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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 nasal agents: Brand Imitrex, Onzetra Xsail, Zomig

**OR**

**III.** Zomig (zolmitriptan) nasal spray may be approved for individuals between the ages of 12 and 17.

State Specific Mandates		
Louisiana	N/A	Louisiana common PDL requires coverage of sumatriptan nasal spray. These agents will not reject for step therapy (i.e., require trial of two preferred oral agents) for Louisiana Medicaid.  Note – all other NP nasal sprays 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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