

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)

PAGE 1 of 2 10/01/2016

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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