JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE	Johns Hopkins HealthCare LLC **Pharmacy Public** **Pharmacy Management Drug Policies**	*Policy Number*	MEDS055
		Effective Date	10/01/2008
		Review Date	02/16/2023
	Subject **Triptans (Selective 5-HT Receptor Agonists):Non-formulary and Quantity Limit Exceptions (Axert, Migranal, Relpax, Frova, Amerge, Maxalt, Treximet, Imitrex, Zomig)**	*Revision Date*	02/16/2023
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: 5-HT Receptor Agonists , Triptans

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I. POLICY

A. Triptans prescribed at doses greater than those approved by the FDA will require prior authorization for outpatient prescription drug benefit coverage to ensure higher doses are used only when clinically appropriate. The process for initiating a prior authorization request can be found in policy PHARM 20. Non-formualary agents must first be reviewed for coverage as described in policy PHARM16, before quantity limit exceptions above FDA-guidance are considered.
   1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
   2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

A. **Non-Formulary Triptan Exception**
   1. Non-formulary triptans may be approved for patients meeting the following:
      a. Documentation has been provided showing trial and failure of at least 2 formulary triptans

B. **Quantity Limit Exception**
   1. Selective 5-HT receptor agonists may be approved at quantities greater than the established quantity limit, if the patient meets **one** of the following:
      a. Diagnosis of cluster headache
      b. Treatment of intermittent, acute headache that requires repeat dosing to achieve relief
      c. Diagnosis of migraine that requires frequent triptan use *despite* optimal therapy with prophylactic agent(s)
      d. The patient is undergoing an incremental dosage increase and requires more than one tablet to achieve prescribed dose

III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval will be restricted to 3 months of therapy.

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B. Approval for continuation of therapy may be extended in 6-month intervals with clinical documentation showing adequate patient response from treatment.
C. **Approvals will NOT exceed **two times** the established quantity limit per month.*

IV. EXCLUSIONS

A. Higher doses of triptan agents will **NOT** be approved for the following:
   1. Use for migraine prophylaxis
   2. Use for chronic daily headache
B. Dihydroergotamine will **NOT** be approved for more frequently than 16 times per month.
C. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. RECOMMENDED DOSE

Generic name	Brand name	Recommended Dose
Almotriptan tablets	Axert	6.25 to 12.5 mg orally, may repeat after 2 hr, MAX 2 doses/24 hr
Dihydroergotamine nasal spray vials	Migranal	1 spray (0.5 mg) each nostril, repeat after 15 min (4 sprays, total 2 mg)
Eletriptan tablets	Relpax	initial, 20 to 40 mg orally; may repeat after 2 hours if headache returns; MAX single dose 40 mg; MAX daily dose 80 mg
Frovatriptan tablets	Frova	2.5 mg orally, may repeat after 2 hr, MAX 7.5 mg/24 hr
Naratriptan tablets	Amerge	1 to 2.5 mg orally; may repeat once after 4 hr, MAX 5 mg/24 h
Rizatriptan tablets	Maxalt	5 to 10 mg orally; may repeat after 2 h, MAX 30 mg/24 hr
Sumatriptan/naproxen tablets	Treximet	1 tablet orally; may repeat dose once after 2 hr; MAX 2 tablets in 24 hr
Sumatriptan injection	Imitrex	6 mg SubQ, repeat in 1 hr if needed; MAX 6 mg/dose and 12 mg/24 hr; lower doses may be used if side effects are dose limiting
Sumatriptan nasal spray	Imitrex	5 to 20 mg; if headache returns may repeat dose once after 2 hr; MAX 40 mg/24 hr
Sumatriptan tablets	Imitrex	25 to 100 mg orally, repeat after 2 hr if needed, MAX 200 mg/24 hr
Zolmitriptan nasal spray	Zomig	5 mg into one nostril; may repeat after 2 h, MAX 10 mg/24 h
Zolmitriptan tablets	Zomig-ZMT	1.25 to 2.5 mg orally initially; may repeat after 2 h, MAX 10 mg/24 h

VI. AFFECTED PRODUCTS

Generic name	Brand name	PP Quantity Limit per 30 days
Almotriptan tablets 6.25 mg	Axert	16 tablets
Almotriptan tablets 12.5 mg	Axert	16 tablets
Dihydroergotamine nasal spray vials, 4 mg/mL vial	Migranal	1kit = 8 unit dose sprayers

Eletriptan 20 mg, 40 mg	Relpax	12 tablets
Frovatriptan tablets 2.5 mg	Frova	16 tablets
Naratriptan tablets 1 mg, 2.5 mg	Amerge	8 tablets
Rizatriptan tablets 5 mg, 10 mg	Maxalt	12 tablets
Rizatriptan tablets 5 mg, 10 mg, orally disintegrating tablets	Maxalt-MLT	12 tablets
Sumatriptan/naproxen 85/500 mg tablets	Treximet	16 tablets
Sumatriptan injection syringes, 4 mg/0.5 mL and 6 mg/0.5 mL	Imitrex Statdose System	16 injections
Sumatriptan injection vials, 6 mg/0.5 mL	Imitrex	16 injections
Sumatriptan nasal spray 20 mg	Imitrex	2 boxes = 12 unit dose spray devices
Sumatriptan nasal spray 5 mg	Imitrex	2 boxes = 12 unit dose spray devices
Sumatriptan tablets 25 mg, 50 mg, 100 mg	Imitrex	16 tablets
Zolmitriptan nasal spray 2.5mg, 5 mg	Zomig	2 boxes = 12 unit dose spray devices
Zolmitriptan tablets 2.5 mg and 5 mg, orally disintegrating	Zomig-ZMT	2.5 mg: 18 tablets 5mg : 15 tablets
Zolmitriptan tablets 2.5 mg, 5 mg	Zomig	2.5 mg: 18 tablets 5mg : 15 tablets

VII. REFERENCES

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VIII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
03/29/2016	Removed background information
07/27/2017	Updated Exclusions section regarding physician samples

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11/10/2017	Clarified quantity limits for PP and EHP
07/01/2018	Remove EHP Line of Business
09/12/2019	Clarified non-formulary triptan criteria and review process for quantity limit exception; removed reference to EHP quantity limits
02/16/2023	Updated quantity limits for PP

Review/Revision Dates: 7/16/2008, 10/1/2008, 1/14/2009, 3/1/2014, 3/29/2016, 7/27/2017, 11/10/2017, 09/12/2019, 02/16/2023