



**GEORGIA MEDICAID FEE-FOR-SERVICE
SEROTONIN RECEPTOR AGONISTS (TRIPTANS) PA SUMMARY**

Preferred	Non-Preferred
Imitrex Injection, Nasal Spray (sumatriptan) Naratriptan generic Relpax (eletriptan) Rizatriptan generic Sumatriptan tablet generic Zomig Nasal Spray (zolmitriptan)	Almotriptan generic Alsuma (sumatriptan for injection) Axert (almotriptan) Dihydroergotamine (DHE) nasal spray generic Frova (frovatriptan) Migranal Nasal Spray (dihydroergotamine) Sumatriptan injection, nasal spray generic Sumavel DosePro (sumatriptan for injection) Treximet (sumatriptan/naproxen) Zembrace SymTouch (sumatriptan for injection) Zolmitriptan tablet, ODT generic Zomig (zolmitriptan tablet) Zomig ZMT (zolmitriptan orally disintegrating tablet [ODT])

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ The triptan tablets are limited to 9 total tablets per 30 days. See quantity level limit (QLL) authorization criteria below for QLL requests.
- ❖ Zomig Nasal Spray requires PA for members ≥ 18 years of age.
- ❖ If generic dihydroergotamine nasal spray is approved, the PA will be issued for brand Migranal Nasal Spray. If generic zolmitriptan is approved, the PA will be issued for brand Zomig. If generic zolmitriptan ODT is approved, the PA will be issued for Zomig ZMT. If generic almotriptan is approved, the PA will be issued for brand Axert.

PA CRITERIA:

Almotriptan Generic, Axert, Frova, Zolmitriptan Generic, Zomig

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least two of the following preferred products: naratriptan tablets, Relpax tablets, rizatriptan tablets/orally disintegrating tablets and sumatriptan tablets.
- ❖ In addition for generic almotriptan or generic zolmitriptan, prescriber must submit a written letter of medical necessity stating the reasons brand Axert or brand Zomig, respectively, is not appropriate for the member.

Alsuma, Sumatriptan Injection Generic, Sumavel DosePro, Zembrace SymTouch

- ❖ Prescriber must explain why the member is unable to use the preferred oral products: naratriptan tablets, Relpax tablets, rizatriptan tablets/orally disintegrating tablets and sumatriptan oral tablets

AND



- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred injectable product, brand Imitrex Injection, is not appropriate for the member.

Dihydroergotamine Nasal Spray Generic, Migranal Nasal Spray

- ❖ Prescriber must explain why the member is unable to use the preferred oral products: naratriptan tablets, Relpax tablets, rizatriptan tablets/orally disintegrating tablets and sumatriptan oral tablets

AND

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-to-drug interaction or intolerable side effect to Imitrex Nasal Spray.
- ❖ In addition for generic dihydroergotamine nasal spray, prescriber must submit a written letter of medical necessity stating the reasons brand Migranal Nasal Spray is not appropriate for the member.

Sumatriptan Nasal Spray Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Imitrex Nasal Spray, is not appropriate for the member.

Treximet

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic sumatriptan tablets and generic naproxen, are not appropriate for the member.

Zolmitriptan ODT Generic, Zomig ZMT

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to rizatriptan orally disintegrating tablets and at least one of the following other preferred products: naratriptan tablets, Relpax tablets and sumatriptan tablets.
- ❖ In addition for generic zolmitriptan ODT, prescriber must submit a written letter of medical necessity stating the reasons brand Zomig ZMT is not appropriate for the member,

Zomig Nasal Spray

- ❖ Prior authorization is not required for members less than 18 years of age.
- ❖ For members 18 years of age and older, member must have experienced ineffectiveness, allergy, contraindication, drug-to-drug interaction or intolerable side effect to Imitrex Nasal Spray.

QLL CRITERIA FOR TRIPTAN TABLETS:

- ❖ An authorization to exceed the QLL of 9 tablets per 30 days may be entered for members who experience 8 or more severe headache days per month and are currently receiving prophylactic therapy for migraine headaches such as an anticonvulsant, antidepressant, beta-blocker, calcium channel blocker, or NSAID.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.