



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIMIGRAINE AGENTS, TRIPTANS PA SUMMARY**

Preferred	Non-Preferred
Rizatriptan generic Sumatriptan nasal spray, tablet generic Zomig Nasal Spray (zolmitriptan)	Almotriptan generic Cafergot (ergotamine with caffeine 1/100 mg tablet)* Dihydroergotamine (DHE) nasal spray generic Eletriptan generic Ergomar (ergotamine sublingual) Frova (frovatriptan) Migergot (ergotamine with caffeine 2/200 mg suppository) Migranal Nasal Spray (dihydroergotamine) Naratriptan generic Onzetra Xsail (sumatriptan nasal powder) Sumatriptan injection generic Tosymra (sumatriptan nasal spray) Treximet (sumatriptan/naproxen) Zembrace SymTouch (sumatriptan for injection) Zolmitriptan tablet, ODT generic Zomig (zolmitriptan tablet) Zomig ZMT (zolmitriptan ODT)

ODT=orally disintegrating tablets; *does not require PA

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Triptan tablets are limited to 9 total tablets per 30 days. See quantity level limit (QLL) authorization criteria below for QLL requests.
- If brand Migranal Nasal Spray is approved, the PA will be issued for generic dihydroergotamine 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.
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Almotriptan Generic, Eletriptan Generic, Frova, Naratriptan Generic, Zolmitriptan Generic and Zomig

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to the two following preferred products: rizatriptan tablets/orally disintegrating tablets and sumatriptan tablets.



Dihydroergotamine Nasal Spray Generic, Migergot and Migranal Nasal Spray

- ❖ Prescriber must explain why the member is unable to take oral products

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to sumatriptan nasal spray and Zomig Nasal Spray.

Ergomar, Zolmitriptan ODT Generic and Zomig ZMT

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to rizatriptan orally disintegrating tablets and sumatriptan tablets.

Onzetra Xsail and Tosymra

- ❖ Prescriber must explain why the member is unable to take oral products

AND

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-to-drug interaction or intolerable side effect to Zomig Nasal Spray and ineffectiveness or intolerable side effect to sumatriptan nasal spray.

Sumatriptan Injection Generic

- ❖ For acute treatment of cluster headaches and migraine headaches, prescriber must explain why the member is unable to take oral products.

Treximet

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

Zembrace SymTouch

- ❖ For acute treatment of cluster headaches and migraine headaches, prescriber must explain why the member is unable to take oral products as well as submit a written letter of medical necessity stating the reasons generic sumatriptan injection is not appropriate for the member.

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 nonsteroidal antiinflammatory drug (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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.