

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1110-12
Program	Supply Limit - Oxford
Medication	Triptans-Agents for Migraine
P&T Approval Date	8/2012, 8/2013, 11/2013, 11/2014, 11/2015, 3/2016, 4/2017, 5/2018, 6/2019, 6/2020, 7/2021, 9/2022, 11/2023, 11/2024
Effective Date	Oxford: 2/1/2025

1. Background:

Almotriptan, Frova® (frovatriptan)*, Imitrex (sumatriptan)*, Onzetra® Xsail® (sumatriptan)*, Relpax® (eletriptan)*, Tosymra®, Zembrace® SymTouch® (sumatriptan)* zolmitriptan ODT, Zomig®, and Zomig Nasal Spray (zolmitriptan) are approved for the acute treatment of migraine with or without aura. Triptans are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine.

2. Coverage Criteria:

<p>A. Almotriptan, Frova*, Imitrex Nasal Spray, Imitrex Injection*, Onzetra Xsail*, Relpax*, Tosymra*, Zembrace SymTouch*, zolmitriptan ODT, Zomig*, and Zomig Nasal Spray quantity requests exceeding the limited amount per copayment or coinsurance will be approved for up to the ceiling limit based on the following criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis of moderate to severe migraine headaches with or without aura <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. One of the following: <ol style="list-style-type: none"> a. Member has more than four migraines per month (provide number of migraines per month). Approval amount will only allow for treatment of the number of migraines per month the member experiences, up to the ceiling limit. The safety of treating an average of more than 4 headaches in a 30-day period has not been established <p style="text-align: center;">-OR-</p> <ol style="list-style-type: none"> b. Member has more than two migraines per month each requiring more than one dose (provide number of migraines per month). Approval amount will only allow for treatment of the number of migraines per month the member experiences, up to the ceiling limit <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Physician acknowledges that the potential benefit outweighs the risk associated with the higher dose or quantity

Triptan Ceiling Limits: Quantity per Copayment		
Drug	Retail	Home Delivery
almotriptan	8 tablets	24 tablets
Frova*	8 tablets	24 tablets
Imitrex Nasal Spray	2 packs (12 units)	6 packs (36 units)
Imitrex Injection 4 mg and 6 mg syringes*	4 kits (8 injections)	12 kits (24 injections)
Imitrex Injection Vials*	8 vials	24 vials
Onzetra Xsail*	8 pouches (16 nose pieces)	24 pouches (48 nose pieces)
Relpax*	8 tablets	24 tablets
Tosymra*	2 packs (12 units)	6 packs (36 units)
Zembrace SymTouch*	8 auto-injectors	24 auto-injectors
zolmitriptan ODT	8 tablets	24 tablets
Zomig*	8 tablets	24 tablets
Zomig Nasal Spray	2 packs (12 units)	6 packs (36 units)

* Imitrex (brand) injection and tablets, Frova (brand), Onzetra Xsail, Relpax (brand), Tosymra, Zembrace SymTouch, Zomig tablets (brand) and zolmitriptan nasal spray (generic Zomig) are typically excluded and tried/failed criteria may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Almotriptan malate [package insert]. Morgantown, WV: Mylan Pharmaceuticals, Inc; May 2017.
2. Frova [package insert]. Malvern, PA: Endo Pharmaceuticals, Inc; August 2018.
3. Imitrex Nasal Spray [package insert]. Research Triangle Park, NC: GlaxoSmithKline LLC; December 2017.
4. Imitrex Injection [package insert]. Research Triangle Park, NC: GlaxoSmithKline LLC; March 2024.
5. Onzetra Xsail [package insert]. Brentwood, TN: Currax Pharmaceuticals, LLC; January 2024.
6. Relpax [package insert]. New York, NY: Pfizer, Inc; July 2021.
7. Zembrace SymTouch [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC;; February 2021.
8. Zomig [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; March 2022.
9. Zomig Nasal Spray [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; May 2019.
10. Tosymra [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; February 2021.

Program	Supply Limit – Oxford - Triptans
Change Control	
Date	Change
8/2013	Reformatted to standard and updated references.

11/2013	Added coverage requirements used by medical directors for review
11/2014	Annual review with administrative changes.
11/2015	Annual review with administrative changes.
3/2016	Removed Imitrex tablets from criteria as standard supply limit was increased.
4/2017	Added Onzetra Xsail and Zembrace SymTouch. Removed Treximet since no additional quantity is available. Removed Alsuma since off the market.
5/2018	Annual review. Removed Sumavel DosePro from criteria due to market removal.
6/2019	Annual review with administrative changes and references updated.
6/2020	Annual review. Removed brand Axert from criteria since it is off the market. Updated references.
7/2021	Annual review. Added Tosymra. Updated brand Frova and Zomig tablets to note they are typically excluded. Updated references.
9/2022	Annual review. Updated references.
11/2023	Removed brand Zomig-ZMT and Amerge since they are off the market. Removed Maxalt and Maxalt MLT as standard supply limits were increased. Updated references.
11/2024	Removed naratriptan as standard supply limits were increased. Noted generic Zomig nasal spray is typically excluded. Updated references.