Louisiana Medicaid
Pain Management – Antimigraine Agents – Triptans

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- Prior authorization for non-preferred antimigraine triptans; **OR**
- Clinical authorization for lasmiditan (Reyvow®).

Additional Point-of-Sale edits may apply.

*T~~Some of t~~hese agents ~~medications in this therapeutic category~~ may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Non-Preferred Antimigraine Triptans

Approval Criteria for Initial and Reauthorization Requests

- For sumatriptan intranasal (generic for Imitrex®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Imitrex® Nasal Solution; **OR**

~~**ALL** of the following are required:~~

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- The requested medication has been prescribed for an approved diagnosis (if applicable); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
  - The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of i~~I~~nitial and r~~R~~eauthorization a~~A~~pproval: 12 months

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Lasmiditan (Reyvow®)

Approval Criteria for Initial and Reauthorization Requests

- The recipient has a diagnosis of migraine, with or without aura; **AND**
- The requested medication is being used to treat moderate to severe pain associated with acute migraine, which is **stated on the request**; **AND**
- The recipient has had a trial of and inadequate response or intolerance to **TWO** oral triptans (at least one must be preferred; names of triptans and trial dates must be **stated on the request**); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial approval: 6 months
Duration of reauthorization approval: 12 months

References

~~Almotriptan [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc; May 2017. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=35617039-9f33-401b-bac3-8f85c65fa2c7&type=display~~

~~Amerge (naratriptan) [package insert]. Research Triangle Park, NC: GlaxoSmithKline; October 2020~~~~December 2016.~~

https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Amerge/pdf/AMERGE-PI-PIL.PDF
https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=13f4a8ec-75a3-4c51-b3bc-6244f3c79e95

Frova (frovatriptan) [package insert]. Malvern, PA: Endo Pharmaceuticals Inc.; August 2018. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c0703630-9ce8-4259-841e-71fd2019fa66&type=display

Imitrex (sumatriptan) injection [package insert]. Research Triangle Park, NC: GlaxoSmithKline; September 2020August 2019. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=fee7d073-0b99-48f2-7985-0d8cf970894b

https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Imitrex_Injection/pdf/IMITREX-INJECTION-PI-PPI.PDF

Imitrex (sumatriptan) nasal spray [package insert]. Research Triangle Park, NC: GlaxoSmithKline; December 2017. https://gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Imitrex_Nasal_Spray/pdf/IMITREX-NASAL-SPRAY-PI-PIL.PDF

Imitrex (sumatriptan) tablet [package insert]. Research Triangle Park, NC: GlaxoSmithKline; December 20202017. https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Imitrex_Tablets/pdf/IMITREX-TABLETS-PI-PIL.PDF

Maxalt (rizatriptan) [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; SeptemberOctober 202019. https://www.merck.com/product/usa/pi_circulars/m/maxalt/maxalt_pi.pdf

Migranow Kit (sumatriptan and menthol and camphor) [package insert]. San Fernando, CA: PureTek Corporation; January 2021February 2019. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=b82d7d65-9cf4-4f05-9a7d-10440683332e&type=display

Relpax (eletriptan) [package insert]. New York, NY: Roerig Division of Pfizer Inc; March 2020November 2013. http://labeling.pfizer.com/ShowLabeling.aspx?id=621

Reyvow (lasmiditan) [package insert]. Indianapolis, IN: Eli Lilly and Company; January 20210. http://pi.lilly.com/us/reyvow-uspi.pdf

Sumavel DosePro (sumatriptan) [package insert]. San Diego, CA: Zogenix, Inc.; February 2014. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6a4c0c2f-497d-4c5c-84c4-9ab42780cbde&type=display

Treximet (sumatriptan and naproxen) [package insert]. Morristown, NJ: Currax Pharmaceuticals LLC; November 2020July 2019. http://www.treximet.com/Areas/Patient/Contents/pdf/prescribing-information.pdf

Zembrace SymTouch (sumatriptan) [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; July 2019. https://www.upsher-smith.com/wp-content/uploads/ZEM-MI.pdf

Zomig (zolmitriptan) tablet / orally disintegrating tablet [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2011. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=56b3e77b-4e5f-4a3d-bad0-9e83033a5544&type=display

Zomig (zolmitriptan) nasal spray [package insert]. Bridgewater, NJ: Amneal Specialty Division of Amneal Pharmaceuticals LLC; MayApril 2019. https://www.azpicentral.com/zomig_nasal/zomig_nasal.pdf#page=1

Revision / Date	**DateImplementation Date**
Single PDL Implementation	May 2019
Separated "Select Therapeutic Classes Not Established" into individual therapeutic class documents / November 2019	November 2019January 2020
Added Reyvow®, formatting changes / May 2020	May 2020August 2020
Added wording forregarding previous use of Imitrex® Nasal Spray, formatting changes, updated references / April 2021	April 2021July 2021