Migraine Abortive Therapies, Quantity Exception
EOCCO POLICY

Policy Type: QE Pharmacy Coverage Policy: EOCCO160

Description
Migraine abortive therapies, or acute treatments, include triptans, CGRP antagonists, and lasmiditan (Reyvow) which is a selective serotonin agonist.

Length of Authorization
- Initial: 12 months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Quantity Limit	Quantity Exception
almotriptan	6.25 mg tablet	9 tablets/30 days	20 tablets/30 days
	12.5 mg tablet	12 tablets/30 days	20 tablets/30 days
almotriptan (Axert)	12.5 mg tablet	12 tablets/30 days	20 tablets/30 days
eletriptan	20 mg tablet	9 tablets/30 days	20 tablets/30 days
	40 mg tablet		
eletriptan (Relpax)	20 mg tablet	9 tablets/30 days	20 tablets/30 days
	40 mg tablet		
frovatriptan	2.5 mg tablet	10 tablets/30 days	30 tablets/30 days
frovatriptan (Frova)	2.5 mg tablet	10 tablets/30 days	30 tablets/30 days
naratriptan	1 mg tablet	9 tablets/30 days	20 tablets/30 days
	2.5 mg tablet		
naratriptan (Amerge)	1 mg tablet	9 tablets/30 days	20 tablets/30 days
	2.5 mg tablet		
rizatriptan	5 mg tablet	12 tablets/30 days	30 tablets/30 days
	5 mg ODT		
	10 mg tablet		

	10 mg ODT		
rizatriptan (Maxalt)	5 mg tablet 10 mg tablet	12 tablets/30 days	30 tablets/30 days
rizatriptan (Maxalt-MLT)	10 mg tablet	12 tablets/30 days	30 tablets/30 days
sumatriptan (oral)	25 mg tablet 50 mg tablet 100 mg tablet	9 tablets/30 days	20 tablets/30 days
sumatriptan (Imitrex) (oral)	25 mg tablet 50 mg tablet 100 mg tablet	9 tablets/30 days	20 tablets/30 days
sumatriptan/ naproxen (oral)	85-500 mg tablet	9 tablets/30 days	20 tablets/30 days
sumatriptan/ naproxen (Treximet) (oral)	85-500 mg tablet	9 tablets/30 days	20 tablets/30 days
sumatriptan (nasal)	5 mg spray 20 mg spray	6 doses (1 box)/30 days	18 doses (3 boxes)/30 days
sumatriptan (Imitrex) (nasal)	5 mg spray 20 mg spray	6 doses (1 box)/30 days	18 doses (3 boxes)/30 days
sumatriptan (Onzetra Xsail) (nasal)	11 mg powder	8 doses (1 kit/16 nosepieces)/30 days	16 doses (2 kits/32 nosepieces)/30 days
sumatriptan (Tosymra) (nasal)	10 mg spray	6 doses (1 box)/30 days	18 doses (3 boxes)/30 days
sumatriptan (SQ)	4 mg/0.5 mL 6 mg/0.5mL	4 mL (4 kits, 8 doses)/30 days	8 mL (8 kits, 16 doses)/30 days
sumatriptan (Imitrex) (SQ)	4 mg/0.5 mL Kit 6 mg/0.5 mL solution	4 mL (4 kits, 8 doses)/30 days	8 mL (8 kits, 16 doses)/30 days

sumatriptan (Imitrex Statdose) (SQ)	4 mg/0.5 mL solution 6 mg/0.5 mL refill 6mg/0.5 ML system	4 mL (4 kits, 8 doses)/30 days	8 mL (8 kits, 16 doses)/30 days
sumatriptan (Zembrace Symtouch) (SQ)	3 mg/0.5 mL solution	4 mL (4 kits, 8 doses)/30 days	8 mL (8 kits, 16 doses)/30 days
zolmitriptan (oral)	2.5 mg tablet 5 mg tablet 2.5 mg ODT 5 mg ODT	9 tablets/30 days	20 tablets/30 days
zolmitriptan (Zomig/ZMT) (oral)	2.5 mg tablet 5mg tablet 2.5 mg ODT 5 mg ODT	9 tablets/30 days	20 tablets/30 days
zolmitriptan (Zomig) (nasal)	2.5 mg spray 5 mg spray	6 doses/30 days	18 doses (3 boxes)/30 days
lasmiditan (Reyvow)	50 mg tablet	4 tablets/30 days	8 tablets/30 days
	100 mg tablet	8 tablets/30 days	16 tablets/30 days
ubrogepant (Ubrelvy)	50 mg tablet	8 tablets/30 days	16 tablets/30 days
	100 mg tablet	16 tablets/30 days	32 tablets/30 days
celecoxib (Elyxyb)	120 MG/4.8ML oral solution	43.2 mL (9 doses)/30 days	56.4 mL (18 doses)/30 days
diclofenac potassium (Cambia)	50 mg packet	9 packets/30 days	18 packets/30 days

Initial Evaluation

I. A quantity exception may be considered medically necessary when the following criteria below are met:

A. Member has tried and failed prophylactic therapy with at least one agent listed in EACH of the three groups (these specific agents required). Please note, if a group is contraindicated, a trial and failure of three remaining agent is required:
    1. Group 1: propranolol, metoprolol, atenolol, timolol, nadolol
    2. Group 2: amitriptyline, venlafaxine
    3. Group 3: topiramate, sodium valproate, divalproex sodium; **AND**
B. The member has tried each of the prophylactic therapies for at least three months, or did not tolerate therapy with an adequate trial; **AND**
C. Provider attestation that medication overuse headache has been ruled out as the cause or contributor to the member's migraines.

II. Triptans, lasmiditan (Reyvow), and ubrogepant (Ubrelvy) are considered investigational when used for all other conditions, including but not limited to:
    A. Migraine prophylaxis

Renewal Evaluation

I. Member has exhibited improvement or stability of disease symptoms (e.g., reduction in migraine symptom severity, duration, etc.) with the quantity previously allowed; **AND**
II. Provider attestation that the member is being monitored for medication overuse headache and the requested therapy is not causing or adding to medication overuse headache; **AND**
III. Provider attestation that the member is still in need of the quantity being requested and the member stockpiling is not occurring.

Supporting Evidence

I. This policy aims to ensure appropriate use of prescription abortive migraine therapies, limit overuse, occurrence of rebound headache, and direct members to migraine prevention therapy when appropriate.
II. Triptans have an established safety and efficacy profile for the abortive treatment of migraine; however, overuse of these therapies may result in exacerbation of migraine (i.e., medication overuse headache). Medication overuse headache (MOH) may occur with other therapies for abortive migraine treatment including, but not limited to: acetaminophen, NSAIDS, opioids, and ergot derivatives. After lifestyle modifications, non-pharmacologic therapies, and avoidance of triggers have been employed, pharmacologic therapy may be necessary. Triptans are the

mainstay of therapy and are recommended as first-line treatment by governing bodies and treatment guidelines such as American Academy of Neurology, American Family Physician, and American Headache Society. Avoidance of MOH may be employed by using triptans less than two days per week on average, and package inserts for many triptan therapies recommend using less than 10 days per month. Prior to use of this frequency of triptans, prophylactic therapy for prevention of migraine may be warranted. Triptans are not indicated for the continual prophylactic treatment of migraine.

III. As of March 2020, MOH had not been noted for CGRP-antagonists or ubrogepant (Ubrelvy); however, long term safety data in treating more than 15 or eight migraines per month, respectively, has not been evaluated. These therapies are not indicated for prevention of migraine. For ubrogepant (Ubrelvy) the daily maximum dose is 200 mg.

IV. Lasmiditan (Reyvow) has warnings for MOH in the prescribing information. The label indicates treatment of more than four migraine days per months has not been evaluated and treating 10 or more migraines per month with this or other abortive migraine therapies may contribute to worsening of migraines. The daily maximum dose is 200 mg per day.

V. The agents listed in the policy are recommended by guidelines with Level A and B recommendations (i.e., efficacious or probably efficacious). There is no available evidence, or evidence to suggest against, use of any other agent not in the list above (e.g., gabapentin, nortriptyline, calcium channel blockers, SSRIs). These agents should not be considered for an adequate trial of prophylactic therapy given the negative or no evidence.

VI. Guidelines label a “treatment success” with prophylactic therapy as a 50% reduction in migraine after three months. Additionally, some agents take one-to-three months to show efficacy. If the prophylactic therapy has not been trialed for three months, the trial is not considered adequate for prophylactic efficacy; however, many migraine sufferers are unable to tolerate the recommended prophylactic therapies.

VII. The quantity limits are based on maximum daily dose, as recommended per the FDA, as well as treating with migraine therapies ten or less days per month, package size considerations as well as safety of therapies contained in this policy.

Investigational or Not Medically Necessary Uses

I. Triptans, lasmiditan (Reyvow), and ubrogepant (Ubrelvy) have not been FDA-approved, or sufficiently studied for safety and efficacy for migraine prophylaxis.

References

1. Oregon Health & Sciences University (OHSU). Drug Class Review on Triptans Final Report Update 3. November 2005

2. Eras M., Gursoy AE., Prophylactic treatment of migraine. Noro Psikiyatr Ars. 2013;50(1):30-35.
3. Miller S. The acute and preventative treatment of episodic migraine. Ann Indian Acad Neurol. 2012;15(1):33-39.
4. Modi S., Lowder D. Medications for migraine prophylaxis. Am Fam Physician.2006;73(1):72-78.
5. Silberstein S., Tfelt-Hansen P., Dodick DW., et al. Guidelines for controlled trials of prophylactic treatment of chronic migraine in adults. Cephalalgia. 2008;28:484-495.
6. Lenz R., Bonafede M., Maiese B., et al. Prophylaxis and acute medication treatment patters in migraine patient initiating migraine prophylactic therapy. Amer Acad Neurol. 2016;86(1):206.
7. Marmura MJ, Silberstein SD, Schwedt TJ. The acute treatment of migraine in adults: the American Headache Society evidence assessment of migraine pharmacotherapies. Headache. 2015;55(1):3-20.
8. Gilmore G., Geffen D., Michael M., et al. Treatment of acute migraine headaches. Am Fam Physician. 2011;83(3):271-280.
9. Ubrelvy [Prescribing Information]. Allergan. Madison, NJ. 2019.
10. Reyvow [Prescribing Information]. Eli Lilly. Indianapolis, IN. 2020.

Policy Implementation/Update:

Action and Summary of Changes	Date
Added in celecoxib (Elyxyb) oral solution and Cambia oral packets and respective quantity limits	12/2021
Removed Nurtec from current policy as this was moved to Aimovig, Emgality, Ajovy/CGRP policy instead	04/2021
Corrected quantity limit for Nurtec to reflect manufacturer guidance and allowance of 8/30 or 16/30	**07/2020**
New FDA-approved migraine therapies added to policy: lasmiditan (Reyvow), ubrogepant (Ubrelvy), rimegepant (Nurtec ODT).	04/2020
Prior authorization criteria transitioned to policy format. Addition of requirement to rule out medication overuse headache, inclusion of new agents and removal of obsolete products.	12/2019
Update to delete step therapy questions to align with current processes, created tables for QLL, changed question on prophylactic therapy options to fit with current evidence and guidelines, added duration of therapy question to ensure appropriate trial of prophylactic therapy, updated agent chart.	05/2018
Updated with clinical note regarding pediatric strength of Treximet.	10/2016
Updated with Onzentra Xsail.	05/2016
Reviewed and Updated: validated and updated product availability and quantity limit lists. Criteria updated to include trial of three therapeutic categories, removal of questions on daily triptan use and specialty provider.	01/2016
Previous Reviews	08/2014, 01/2013, 08/2012, 04/2012
Policy created	09/2011