NC Division of Medical Assistance **Medicaid and Health Choice**
Outpatient Pharmacy **Effective Date:**
Prior Approval Criteria
Triptans

DRAFT

Therapeutic Class Code: H3F
Therapeutic Class Description: AntimigrainePreparations

Medication	Generic Code Number(s)	NDC Number(s)
Alsuma	50741	
Amerge, naratriptan	81112, 81111	
Axert, almotriptan	12472, 13587	
Frova	14977	
Imitrex, sumatriptan, Sumavel Dose Pro	50744, 26666, 26667, 16854, 50740, 50741, 24708, 50742, 05701, 05702, 05700, 28054, 04428, 37213	
Maxalt/Maxalt-MLT, rizatriptan	19592, 19591, 19594, 19593	
Relpax	15173, 15174	
Treximet	99597	
Zecuity	34008	
Zomig/ Zomig ZMT, zolmitriptan	46131, 18972, 46132, 42098, 14324	

Eligible Beneficiaries
NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

NC Health Choice (NCHC) beneficiaries, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and must meet policy coverage criteria, unless otherwise specified. **EPSDT does not apply to NCHC beneficiaries**.

EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of

Age 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This

means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

a. that is unsafe, ineffective, or experimental/investigational.

b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT and Prior Approval Requirements
EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at http://www.ncdhhs.gov/dma/epsdt/.

Criteria

The following criteria must be met to exceed 12 units (doses) of a Triptan (oral tablets, nasal sprays, injections, or transdermal).

If different types of Triptans are required in a single month, the total maximum number of allowable units that can be obtained without prior approval remains the same. The same criteria must be fulfilled to obtain more than 12 units (doses) of combined products:

1. Documentation in beneficiary chart of diagnostic criteria for migraine headache or cluster headache.

AND

2. Greater than six moderate or severe headache days a month.

AND

3. Beneficiary must have tried and failed nonsteroidal anti-inflammatory (NSAIDS) within the last year or currently being using NSAIDS, unless contraindicated.

AND

4. Beneficiary must concurrently be using migraine preventative medication(s) (i.e. Beta-Blockers, Tricyclic Antidepressants, Anticonvulsants) unless contraindicated, adverse effects occurred or no clinical benefit occurred after at least a 90 day trial at maximum tolerated dose.

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AND

5. Beneficiary must not have history, symptoms, or signs of ischemic cardiac, cerebrovascular, or peripheral vascular syndromes; cardiovascular diseases; any type of angina pectoris, myocardial infarction(MI), or strokes; silent myocardial ischemia; transient ischemic attacks; ischemic bowel disease; uncontrolled hypertension; concurrent MAO-A inhibitor therapy (or within 2 weeks of discontinuing MAO-A inhibitor therapy); concurrent use of (or use within 24 hours of) ergotamine-containing or ergot-type medication; concurrent use within 24 hours of another 5-HT1 agonist; or hemiplegic or basilar migraine.

AND

6. Prescribing clinician has reviewed recommendations below based on evidence based studies.

Recommendations from Evidence Based Studies

Recommendation 1: For most migraine sufferers, nonsteroidal anti-inflammatory drugs (NSAIDs) are first line therapy

Recommendation 2: In patients whose migraine headaches do not respond to NSAIDs, use migraine specific therapy (triptans, dihydroergotamines)

Recommendation 3: Select a non-oral route of administration for patients whose migraines present early with nausea or vomiting as a significant component of the symptom complex. Treat nausea and vomiting with an anti-emetic.

Recommendation 4: Migraine sufferers should be evaluated for use of preventive therapy.

Recommendation 5: Recommended first line agents for prevention of headaches are Beta Blockers, Tricyclic Antidepressants, and Anticonvulsants.

Recommendation 6: Educate migraine sufferers about the control of acute attacks and preventive therapy and engage them in the formulation of a management plan. Therapy should be re-evaluated on a regular basis.

Procedures

Length of therapy may be approved up to 12 months.

References

1. Snow V, Weiss K, Wall EM, Mottur-Pilson C. Pharmacologic management of acute attacks of migraine and prevention of migraine headache. Ann Intern Med. 2002. 137:840-849

2. Silberstein SD. Practice parameter: evidence based guidelines for migraine headaches (an evidence based review): report of the quality standards subcommittee of the American Academy of Neuorology. Neurology 2000. 55:754-762

3. Treatment of primary headache: preventive treatment of migraine. Standards of care for

headache diagnosis and treatment. 2004. National Guideline Clearinghouse. www.guideline.gov.

4. Drug Effectiveness Review Project. Oregon Health Sciences University. Triptan Final Report 2005. viewed on 1-08 at www.ohsu.edu/drugeffectiveness/reports/

5. Manufacturer's Package Insert- Zecuity®, Nu-Path, Inc. West Caldwell, NJ 07006, June 2014.