Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Non-Preferred Triptan Step***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***May 2011 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Non-Preferred brand triptan products.

Triptans are indicated for the acute treatment of migraine attacks with or without aura.

DEFINITIONS

Non-preferred medication: a brand name medication for which a generic or other brand name medication is preferred at a lower tier. This medication is associated with the highest level of copayment.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

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The non-preferred triptan products are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

- The criterion for automatic coverage is as follows:
  - Must have a documented pharmacy claim history of two formulary oral generic triptan products

- For members without a documented claim history of two formulary oral generic triptan products, a medical necessity review is completed and the following criterion must be met:
  - Must have documentation indicating that the member has failed two formulary oral generic triptan products

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	• Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Amerge® [package insert]. Research Triangle Park, NC: GlaxoSmithKline; February 2010.
2. Axert® [package insert]. Titusville, NJ: Ortho-McNeil Neurologics; April 2009.
3. Frova® [package insert]. Chadds Ford, PA: Endo Pharmaceuticals; April 2007.
4. Imitrex® [package insert]. Research Triangle Park, NC: GlaxoSmithKline; February 2010.
5. Maxalt® [package insert]. Whitehouse Station, NJ: Merck & Co, Inc; August 2010.
6. Relpax® [package insert]. NY, NY: Pfizer Inc; May 2008.
7. Zomig® [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2008.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/17, 02/18*