



Uniform Formulary Medical Necessity Criteria for Triptan Agents

Drug Class - Triptan Agents. This drug class includes agents primarily used to treat migraine headaches.

Background - After evaluating the relative clinical and cost effectiveness of the triptan agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary. This recommendation has been approved by the Director, TMA.

- Amerge (naratriptan)
- Axert (almotriptan)
- Frova (frovatriptan)
- Sumavel Dose-Pro (sumatriptan needle-free injection)

Effective date: 6 Oct 2010

Patients or parents of patients currently using a non-formulary Triptan agent may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Triptan Agents *, **

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	Amerge, Axert, Frova Sumavel Dose-Pro	Not available**	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary (Tier 2)	Imitrex, Maxalt, Relpax, Zomig, Treximet	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary (Tier 1)	-	\$0	Generic cost share applies	Generic cost share applies

* Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.

** MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria

The non-formulary cost share for Amerge (naratriptan), Frova (frovatriptan), and Axert (almotriptan), may be reduced to the formulary cost share if the patient meets any of the following criteria.

1. Use of ALL of the following formulary alternatives is contraindicated (e.g., due to hypersensitivity): Imitrex, Maxalt, Relpax, Zomig, and Treximet.

2. The patient has experienced or is likely to experience significant adverse effects from ALL of the following formulary alternatives: Imitrex, Maxalt, Relpax, Zomig, and Treximet.
3. Use of ALL of the following formulary alternatives has resulted in therapeutic failure: Imitrex, Maxalt, Relpax, Zomig, and Treximet.
4. Patient previously responded to either of the non-formulary agents, Frova, Axert, or Amerge and changing to a formulary agent would incur an unacceptable risk.
5. For Sumavel Dose-Pro: The patient has dexterity issues and cannot manipulate the Imitrex StatDose/generics injection OR the patient has a needle phobia.

Medical necessity criteria for Frova, Axert, and Amerge were recommended by the DoD Pharmacy & Therapeutics Committee at the Jun 2008 meeting & approved by the Director, TMA on 27 Aug 2008. Sumavel Dose-Pro criteria recommended by the DoD Pharmacy & Therapeutics Committee at the May 2010 meeting and approved by the Director, TMA on 23 July 2010. For more information, please see the [DoD P&T Committee minutes](#) for these meetings.

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