

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)

Effective date: 26 Nov 2008

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

Uniform Formulary Status, Copays, 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	Not available**	\$22	\$22
Formulary (Tier 2)	Imitrex, Maxalt, Relpax, Zomig, Treximet	\$0	\$9	\$9
Formulary (Tier 1)	-	\$0	\$3	\$3

* Active duty copay 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 \$22 non-formulary copay for Amerge (naratriptan), Frova (frovatriptan), and Axert (almotriptan), may be reduced to the \$9 formulary copay 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.

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. For more information, please see the [DoD P&T Committee minutes](#) for these meetings.