

To: Jai Medical Providers
From: MC-Rx
Date: October 31, 2024
Subject: Formulary Update November 2024

Effective 11/1/2024, the following medications will have updates made to their criteria:

- Rizatriptan and Zolmitriptan: Changes were made to the listed examples of prophylaxis medications

Prior Authorization Criteria:

Medication	RIZATRIPTAN (RIZATRIPTAN 10 MG TABLET RIZATRIPTAN 5 MG TABLET)
Covered Uses	All FDA approved indications: Indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age
Required Medical Information	<ul style="list-style-type: none"> • Indicated for the acute treatment of migraine with or without aura in adults <ul style="list-style-type: none"> o Failure of, intolerance to, or contraindication to one traditional formulary agent (NSAID, ergotamine, or combination analgesic); or o Unsuccessful concurrent or previous use of migraine prophylaxis medications (e.g., betablockers, calcium channel blockers); and o No concurrent use of ergotamine or another 5-HT1 Receptor Agonist
Max Quantity Per Month / Number of refills	6 tabs per 30 days; Twelve (12) refills per year
Required Information for Previous Trials of Rx	A trial, or failure, of a medication is defined by a minimum sixty (60) day trial, UNLESS there is a contraindication that medication

Medication	ZOLMITRIPTAN (ZOLMITRIPTAN 2.5 MG TABLET ZOLMITRIPTAN 5 MG TABLET)
Covered Uses	All FDA approved indications: Indicated for the acute treatment of migraine with or without aura in adults
Required Medical Information	<ul style="list-style-type: none"> • Indicated for the acute treatment of migraine with or without aura in adults <ul style="list-style-type: none"> o Failure of, intolerance to, or contraindication to one traditional formulary agent (NSAID, ergotamine, or combination analgesic); or o Unsuccessful concurrent or previous use of migraine prophylaxis medications (e.g., betablockers, calcium channel blockers); and o No concurrent use of ergotamine or another 5-HT1 Receptor Agonist
Max Quantity Per Month / Number of refills	6 tabs per 30 days; Twelve (12) refills per year
Required Information for Previous Trials of Rx	A trial, or failure, of a medication is defined by a minimum sixty (60) day trial, UNLESS there is a contraindication that medication

Providers can contact MC-Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.