Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

SYMBRAVO® (meloxicam and rizatriptan) PA CRITERIA:

SYMBRAVO® (meloxicam and rizatriptan) is a serotonin (5-HT) 1 receptor agonist (i.e. triptan) and nonsteroidal anti-inflammatory drug (NSAID) combination indicated for the acute treatment of migraine with or without aura in adults.

Prior authorization is required for SYMBRAVO® (meloxicam and rizatriptan). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 12 Months

1. The patient is 18 years of age or older; **AND**
2. The patient has a documented diagnosis of migraine headaches; **AND**
3. This medication is prescribed as an acute treatment of migraines (it is not indicated for migraine prevention); **AND**
4. The patient has tried and had an inadequate response to at least two preferred triptans; **AND**
5. The patient has tried and had an inadequate response or contraindication to at least two preferred Calcitonin Gene-Related Peptides (CGRP) Inhibitors; **AND**
6. Documentation is provided with rationale explaining why the patient cannot take a triptan and an NSAID separately; **AND**
7. The prescribed dose does not exceed one tablet (10 mg rizatriptan/ 20 mg meloxicam) per day and 9 tablets per 31 days. Please provide rationale if more than 9 tablets per 31 days are required.

Re-Authorization: 12 Months

1. The patient has had a positive clinical response to therapy; **AND**
2. The prescribed dose does not exceed one tablet (10 mg rizatriptan/ 20 mg meloxicam) per day and 9 tablets per 31 days. Please provide rationale if more than 9 tablets per 31 days are required.

SYMBRAVO® Dosing:

- The recommended dose is one tablet orally as needed, not to exceed one tablet per day.
- Use the shortest duration consistent with individual patient treatment goals.

Formulation: Available as a 10 mg rizatriptan/ 20 mg meloxicam oral tablet.