Drug Use Research & Management Program
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Month/Year of Review: May 2014
PDL Classes: Triptans

Date of Last Review: July 2013
Source Document: OSU College of Pharmacy

Current Status of PDL Class:

- Preferred Agents: SUMATRIPTAN INJECTION (CARTRIDGE, DISP SYRINGE, PEN, VIAL), SUMATRIPTAN NASAL SPRAY (IMITREX®), NARATRIPTAN TABLET, SUMATRIPTAN TABLET
- Non-Preferred Agents: ELETRIPTAN TABLET (RELPAX®), RIZATRIPTAN TAB RAPIDS (MAXALT MLT®), RIZATRIPTAN TABLET, FROVATRIPTAN TABLET (FROVA®), ALMOTRIPTAN TABLET (AXERT®), SUMATRIPTAN/NAPROXEN (TREXIMET®), ZOLMITRIPTAN SPRAY (ZOMIG®), SUMATRIPTAN TRANSDERMAL (ZECUITY®)

Previous Conclusions and Recommendation:

- In comparing the effectiveness and duration of response of different triptans in reducing the severity and duration of symptoms in adult patients with moderate to severe migraine the oral triptans were similarly efficacious.
- Good strength evidence for reformulated sumatriptan/naproxen versus reformulated sumatriptan 85 mg found the combination superior in pain-free at 2 hours and 24 hours and in normal renal function, overall productivity, and patient satisfaction. There is no evidence comparing the combination product to an available dose of sumatriptan. There is no evidence comparing the combination product to individual component therapy.
- There are no fully published head-to-head trials of frovatriptan.
- Injectable sumatriptan is effective, but there are no acceptable head-to-head studies comparing injectable to the oral form.
- Nasal sumatriptan and zolmitriptan are effective, but there is insufficient data to determine a clinically significant difference for the comparison of zolmitriptan nasal spray vs. the oral form of the drug. There were no head to head trials comparing sumatriptan nasal spray to the oral form of the drug.
- Most of the studies were rated fair quality or below because of variability in endpoints and lack of standard measures for pain relief or time to pain relief.
- Based on poor strength evidence there is no evidence that any one triptan has a particular advantage or disadvantage over others in any subgroups based on age, gender, race, use of prophylactic treatment, or association with menstruation.

PA Criteria: PA criteria is in place to decrease the potential for Medication Overuse Headache through quantity limits and therapeutic duplication denials (Appendix 1).

Conclusions and Recommendations:

- No further review or research needed at this time
- Evaluate comparative costs in executive session.

Methods:
The DERP Scan was used to identify any new comparative research that has emerged since the last P&T review.[1]

References:

1. Holmes R. Drug Effectiveness Review Porject. Drug Class Review: Triptans. Preliminary Scan Report #3. February 2014.

Appendix 1 PA criteria

Antimigraine - Triptans

Goal(s):

- *Decrease potential for Medication Overuse Headache through quantity limits and therapeutic duplication denials.*
- *Promote PDL options.*

Initiative: Anti-migraine PDL, Quantity Limits & Duplicate Therapy.

Length of Authorization: up to 6 months

Preferred Alternatives: See PDL options: *http://www.oregon.gov/DHS/healthplan/tools_prov/pdl.shtml*

Check the reason for PA request:

- *Non-Preferred drugs will deny on initiation*
- *Preferred drugs will deny only when maximum dose exceeded*
- *Both will deny for concurrent therapy (Concurrent triptans by different routes is allowed.i.e. oral + nasal, oral + injectable, nasal + Injectable)*

Quantity Limits Per Labeling

Generic	Brand	Initial dose	Max. Daily dose	Dosage form	Max # has/Mth	Limit
Almotriptan	Axert	6.25-12.5 mg Rpt in 2hr	25 mg	6.25 mg tab 12.5 mg tab (blister pack, 6, 12)	4	12/45d
Eletriptan	Relpax	20–40 mg Rpt in 2hr	80 mg	20 mg tab 40 mg tab (blister pack, 6, 12)	3	12/60d
Frovatriptan	Frova	2.5-5 mg Rpt in 2hr	7.5 mg	2.5 mg tab (blister pack, 9)	4	9/30d
Naratriptan	Amerge	1-2.5 mg Rpt in 4hr	5 mg	1 mg tab 2.5 mg tab (blister pack, 9)	4	9/30d
Rizatriptan	Maxalt Maxalt MLT	5-10 mg Rpt in 2hr	30 mg	5 mg tab 10 mg tab (blister pack, 6, 12)	4	12/30d
Sumatriptan	Imitrex & generics	25-100 mg po rpt In 2 hr 5-10 mg NS Rpt in 2 hr 3-6 mg SQ Rpt in 2hr	200 mg 40 mg 12 mg	25 mg tab, 50mg tab, 100 mg tab (blister pack, 9) 5 mg, 10 mg NS (box of 6) 6 mg SQ (box 2 syr), kit (2 syr per kit), 6mg/0.5ml vials	4 4 4	9/30d 6/30d 6/30d 3mls/30d

Sumatriptan	Sumavel	6 mg SQ	12 mg	6mg/0.5ml units (package of 6)	4	3ml/30d
Sumatriptan/ Naproxen	Treximent	85mg/ 500mg	170 mg/ 1000 mg	85mg/500mg tab (box of 9)	4	9/30d
Zomitriptan	Zomig Zomig ZMT Zomig NS	1.25-5 mg Rpt in 2hr 5mg NS Rpt in 2hr	10 mg 10mg	2.5 mg tab (blister pack, 6) 5 mg tab (blister pack, 3) 5mg NS (box of 6)	3 4	6/30d 6/30d

Approval Criteria		
1. What is diagnosis being treated?	Record ICD9 code.	
2. Does patient have diagnosis of migraine, ICD-9 346.0-346.9?	**Yes:** Go to #3	**No:** Pass to RPH, Deny, (Medical Appropriateness) There is no evidence to support the use of triptans for non-migraine diagnoses.
3. Is drug requested preferred?	**Yes:** Go to #5.	**No:** Go to #4.
4. Will the prescriber consider a change to a preferred product? Message: • Preferred products do not require PA within recommended dose limits. • Preferred products are evidence-based reviewed for comparative effectiveness & safety by the ~~Health Resources Commission (HRC).~~ Pharmacy and Therapeutics (P&T) Committee	**Yes:** Inform provider of covered alternatives in class and dose limits.	**No:** Go to #5.
5. Is request for higher dose than listed in quantity limit chart?	**Yes:** Pass to RPH; Deny, (Medical Appropriateness) • Can recommend use of migraine prophylactic therapy	**No:** Trouble-shoot claim payment (days supply?); Go to #6.

	and reinforce that doses above those recommended by the manufacturer increase the incidence of medication overuse headache (may refer to DUR Board Newsletter above). • One life-time 90-day taper may be approved at pharmacist discretion. • Document.	
6. Is the request for two different oral triptans concurrently?	**Yes:** Go to #7.	**No:** Approve for 6 months
7. Is this a switch in triptan therapy due to intolerance, allergy or ineffectiveness?	**Yes:** Document reason for switch and override for concurrent use for 30 days.	**No:** Go to #8.
8. Does patient request more triptan due to supply lost or stolen or a vacation/travel supply?	**Yes:** Document reason and approve for date of service.	**No:** Pass to RPH, (Medical Appropriateness). There is no evidence to support the use of two different ORAL triptans concurrently.

DUR Board Action: *3/18/10(KK), 9/24/09(DO/KK)11-18-03, 5-13-03*
Revision(s): *3/23/10, 1/1/10, 7-1-06, 5-31-05*