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# Literature Scan: Triptans

**Date of Review:** March 2016

**Date of Last Review:** May 2014
**Literature Search:** May 2014 – February 2016

**Current Status of PDL Class:**
See **Appendix 1**.

**Conclusions:**
- Since the last triptan scan, there is limited new comparative evidence from two Cochrane systematic reviews and three randomized controlled trials (RCTs). There are also two new triptan formulations approved by the U.S. Food and Drug Administration (FDA) for the treatment of acute migraine.
- There is high quality evidence all triptan formulations are superior to placebo at providing headache and pain relief. The route of administration influences onset of action, particularly within the first hour of administration. A recent summary of Cochrane reviews of all sumatriptan routes of administration demonstrates that subcutaneous administration was the most effective, particularly within the first two hours at reducing pain compared to placebo (59% versus 15%; NNT 2.3).
- High quality evidence from two studies demonstrated that oral zolmitriptan 2.5 mg and 5 mg provided headache relief at two hours to the same proportion of people as oral sumatriptan 50 mg (66%, 67%, and 68%, respectively).
- The zolmitriptan 5 mg nasal spray was significantly more effective than zolmitriptan 5 mg oral tablet for headache relief (pain reduced from moderate or severe to none or mild) at 2 hours and sustained headache relief at 24 hours, but not pain-free at 2 hours.
- A recent review showed no significant difference between zolmitriptan 5 mg and sumatriptan 50 mg in the percentage of participants experiencing adverse events, and more patients receiving zolmitriptan than placebo experiencing adverse events, with a clear dose response relationship.

**Recommendations:**
- No further review or research needed. Maintain current prior authorization (see Appendix 5).
- Continue to include at least one agent available for each route of administration (oral, nasal, subcutaneous).
- After review of comparative drug costs in executive session, no changes to the Preferred Drug List (PDL) were made.

**Previous Conclusions/Conclusions:**
- No further review or research needed. Evaluate comparative drug costs in the executive session.

**Methods:**
An OHSU Drug Effectiveness Review Project literature scan was used to identify randomized controlled trials (RCTs) and systematic reviews through November 2015. A Medline literature search for new systematic reviews and RCTs assessing clinically relevant outcomes to active controls, or placebo if needed, was

conducted to present date. A summary of the clinical trials is available in **Appendix 2** with abstracts presented in **Appendix 3**. The Medline search strategy used for this literature scan is available in **Appendix 4**, which includes dates, search terms and limits used. The OHSU Drug Effectiveness Review Project, Agency for Healthcare Research and Quality (AHRQ), Cochrane Collection, National Institute for Health and Clinical Excellence (NICE), Department of Veterans Affairs, BMJ Clinical Evidence, and the Canadian Agency for Drugs and Technologies in Health (CADTH) resources were manually searched for high quality and relevant systematic reviews. When necessary, systematic reviews are critically appraised for quality using the AMSTAR tool and clinical practice guidelines using the AGREE tool. The FDA website was searched for new drug approvals, indications, and pertinent safety alerts. Finally, the AHRQ National Guideline Clearinghouse (NGC) was searched for updated and recent evidence-based guidelines.

The primary focus of the evidence is on high quality systematic reviews and evidence-based guidelines. Randomized controlled trials will be emphasized if evidence is lacking or insufficient from those preferred sources.

**New Systematic Reviews:**
A 2014 Cochrane Collaboration systematic review evaluated zolmitriptan formulations for acute migraine attacks in adults.[1] All double-blind RCTs were included. A total of 25 studies compared zolmitriptan to placebo or an active comparator. Zolmitriptan 2.5 mg was superior to placebo for all efficacy outcomes, including pain-free at 2 hours (NNT 5), headache relief at 2 hours (NNT 4), sustained pain-free during the 24 hours post-dose (NNT 8) and sustained headache relief over 24 hours (NNT 5). Results for the 5 mg dose were similar to the 2.5 mg dose compared to placebo. The zolmitriptan 5 mg nasal spray was significantly more effective than zolmitriptan 5 mg oral tablet for headache relief (pain reduced from moderate or severe to none or mild) at 2 hours and sustained headache relief at 24 hours, but not pain-free at 2 hours. There is a clear dose-relationship for adverse events (zolmitriptan 1 mg to 10 mg). However, zolmitriptan 10 mg compared to placebo (NNT for pain-free at 2 hours 3) was similar in magnitude to the other doses compared to placebo. High quality evidence from two studies demonstrates that oral zolmitriptan 2.5 mg and 5 mg provided headache relief at two hours to the same proportion of people as oral sumatriptan 50 mg (66%, 67%, and 68%, respectively). There were no significant differences in adverse events between oral zolmitriptan and oral sumatriptan.

Another Cochrane review summarized the evidence from four Cochrane reviews evaluating sumatriptan (all routes of administration) for acute migraine attacks in adults.[2] The data demonstrated that subcutaneous administration was the most effective, with more subjects who experienced reduced pain from moderate to severe to no pain by 2 hours compared to placebo (59% vs. 15%; NNT 3). The subcutaneous route provided more rapid pain relief compared to the other formulations. The oral, rectal, and intranasal formulations were also superior to placebo for pain relief at all time points. The most effective dose of sumatriptan for each route of administration for headache relief at 2 hours were the oral 100 mg, subcutaneous 6 mg, intranasal 20 mg, and rectal 25 mg formulations. Adverse effects were more common with higher doses as well as with the subcutaneous formulation.

**New Guidelines:**
None identified.

**New FDA Drug Approvals:**
None identified.

**New Formulations/Indications:**
A sumatriptan nasal powder (Onzetra Xsail®) was FDA-approved for treatment of acute migraine with or without aura in adults.[3] The recommended dose is 22 mg, administered by use of one nosepiece in each nostril. The maximum dose in a 24-hour period should not exceed two doses (44 mg) separated by at least two hours. Approval was based on two phase 3 trials that are briefly described in Appendix 2.

A new sumatriptan injectable formulation (Zembrace® SymTouch) was also recently FDA-approved for the treatment of acute migraine in adults.[4] It comes as a prefilled, ready-to-use, single-dose disposable autoinjector. Approval was based on two unpublished placebo controlled studies demonstrated superior efficacy to placebo in pain relief at 1 and 2 hours.

There is no comparative data to show clinical superiority in efficacy or safety compared to other triptan agents available on the preferred drugs list (PDL).

**New FDA Safety Alerts:**
None Identified.

**References:**


1. Bird S, Derry S, Moore RA. Zolmitriptan for acute migraine attacks in adults. *Cochrane Database Syst Rev*. 2014;5:CD008616. doi:10.1002/14651858.CD008616.pub2.

2. Derry CJ, Derry S, Moore RA. Sumatriptan (all routes of administration) for acute migraine attacks in adults - overview of Cochrane reviews. *Cochrane Database Syst Rev*. 2014;5:CD009108. doi:10.1002/14651858.CD009108.pub2.

3. ONZETRA™ Xsail™ (sumatriptan nasal powder). Prescribing Information. 2016 Avanir Pharmaceuticals, Inc. Aliso Viejo, Ca.

4. ZEMBRACE™ SymTouch™ (sumatriptan succinate). Prescribing Information. 1/2016. Promius Pharma, LLC, Princeton, NJ 08540.

5. Savi L, Mogavero S, Egan CG. Efficacy and pharmacokinetic activity of frovatriptan compared to rizatriptan in patients with moderate-to-severe migraine. *Drug Des Devel Ther*. 2014;8:983-992. doi:10.2147/DDDT.S61295.

6. Cady RK, McAllister PJ, Spierings ELH, et al. A randomized, double-blind, placebo-controlled study of breath powered nasal delivery of sumatriptan powder (AVP-825) in the treatment of acute migraine (The TARGET Study). *Headache*. 2015;55(1):88-100. doi:10.1111/head.12472.

7. Tepper SJ, Cady RK, Silberstein S, et al. AVP-825 breath-powered intranasal delivery system containing 22 mg sumatriptan powder vs 100 mg oral sumatriptan in the acute treatment of migraines (The COMPASS study): a comparative randomized clinical trial across multiple attacks. *Headache*. 2015;55(5):621-635. doi:10.1111/head.12583.

**Appendix 1:** Current Status on Preferred Drug List

| ROUTE | FORMULATION | BRAND | GENERIC | PDL |
|---|---|---|---|---|
| NASAL | SPRAY | IMITREX | SUMATRIPTAN | Y |
| NASAL | SPRAY | IMITREX | SUMATRIPTAN | Y |
| NASAL | SPRAY | IMITREX | SUMATRIPTAN | Y |
| NASAL | SPRAY | SUMATRIPTAN | SUMATRIPTAN | N |
| NASAL | SPRAY | SUMATRIPTAN | SUMATRIPTAN | N |
| NASAL | SPRAY | SUMATRIPTAN | SUMATRIPTAN | N |
| NASAL | SPRAY | ZOMIG | ZOLMITRIPTAN | N |
| NASAL | SPRAY | ZOMIG | ZOLMITRIPTAN | N |
| ORAL | TABLET | AMERGE | NARATRIPTAN HCL | Y |
| ORAL | TABLET | NARATRIPTAN HCL | NARATRIPTAN HCL | Y |
| ORAL | TABLET | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| ORAL | TABLET | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | Y |
| ORAL | TABLET | AXERT | ALMOTRIPTAN MALATE | N |
| ORAL | TABLET | RELPAX | ELETRIPTAN HBR | N |
| ORAL | TABLET | FROVA | FROVATRIPTAN SUCCINATE | N |
| ORAL | TAB RAPDIS | MAXALT MLT | RIZATRIPTAN BENZOATE | N |
| ORAL | TAB RAPDIS | RIZATRIPTAN | RIZATRIPTAN BENZOATE | N |
| ORAL | TABLET | MAXALT | RIZATRIPTAN BENZOATE | N |
| ORAL | TABLET | RIZATRIPTAN | RIZATRIPTAN BENZOATE | N |
| ORAL | TAB RAPDIS | ZOLMITRIPTAN ODT | ZOLMITRIPTAN | N |
| ORAL | TAB RAPDIS | ZOMIG ZMT | ZOLMITRIPTAN | N |
| ORAL | TABLET | ZOLMITRIPTAN | ZOLMITRIPTAN | N |
| ORAL | TABLET | ZOMIG | ZOLMITRIPTAN | N |
| SUB-Q | PEN INJCTR | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | VIAL | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | VIAL | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | CARTRIDGE | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | PEN INJCTR | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | CARTRIDGE | IMITREX | SUMATRIPTAN SUCCINATE | Y |
| SUB-Q | PEN INJCTR | ALSUMA | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | PEN INJCTR | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | CARTRIDGE | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | SYRINGE | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | PEN INJCTR | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | N |

| | | | | |
|---|---|---|---|---|
| SUB-Q | CARTRIDGE | SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | NDL FR INJ | SUMAVEL DOSEPRO | SUMATRIPTAN SUCCINATE | N |
| SUB-Q | NDL FR INJ | SUMAVEL DOSEPRO | SUMATRIPTAN SUCCINATE | N |

**Appendix 2:** New Clinical Trials

A total of 111 citations were manually reviewed from the literature search. After further review, 108 trials were excluded because of wrong study design (observational), comparator (placebo), or outcome studied (non-clinical). The remaining 3 head-to-head trials, or trials describing a new formulation, are briefly described in the table below. Full abstracts are included in Appendix 3.

Table 1: Description of Clinical Trials.

| Study | Comparison | Population | Primary Outcome | Results |
|---|---|---|---|---|
| Savi, et al.[5]<br>RCT, DB, CS | frovatriptan 2.5 mg oral versus rizatriptan 10 mg oral x 1 | Single acute migraine attack (n=18) | The association between PK parameters and efficacy measures and recurrence rate. | <u>Proportion of patients pain-free at 4 hours:</u><br>Frovatriptan: 38.9%<br>Rizatriptan: 5.6%<br>P=0.045 |
| Target Study[6]<br>DB, PC, PG, RCT | Sumatriptan nasal powder 22 mg x 1 versus placebo | Single moderate to severe migraine (n=223) | Headache relief (reduction of headache pain intensity from severe or moderate to mild or none) at 2 hours post-dose. | <u>Headache relief at 2 hours:</u><br>Sumatriptan: 68%<br>Placebo: 45%<br>OR 2.53; 95% CI 1.45 to 4.42<br>P=0.002 |
| Compass Trial[7]<br>DD, AC, RCT | Sumatriptan 22 mg nasal powder vs. sumatriptan 100 mg orally (n=275) | Subjects experiencing 2-8 migraines/month in the past year | The mean value of the summed pain intensity differences through 30 minutes post-dose using Headache Severity scores. | <u>Reduction in pain intensity:</u><br>Nasal: 10.80<br>Oral: 7.41<br>Adjusted mean difference 3.39 (95% CI 1.76 to 5.01); p<0.001<br><br>At 2 hours, rates of pain relief and pain freedom became comparable; rates of sustained pain relief and sustained pain freedom from 2 to 48 hours remained comparable. |

Abbreviations: AC = active comparator; CS = crossover study; DB = double blind; DD = double dummy; PC = placebo controlled; PG = parallel group; PK = pharmacokinetic; RCT = randomized controlled trial;

**Appendix 3:** Abstracts of Clinical Trials

1. Savi L, Mogavero S, Egan CG. Efficacy and pharmacokinetic activity of frovatriptan compared to rizatriptan in patients with moderate-to-severe migraine. Drug Des Devel Ther. 2014 Jul 21;8:983-92.

BACKGROUND: Migraine is a painful neurological disorder that affects over 10% of the general population. Frovatriptan and rizatriptan are antimigraine agents belonging to the triptan class. Although previous studies have independently compared the efficacy of these agents, contemporaneous data examining both pharmacokinetic (PK) properties and efficacy in parallel have not previously been available.

MATERIALS AND METHODS: In this single-center double-blind study, 18 subjects (ten female) were treated for a single migraine attack with frovatriptan 2.5 mg or rizatriptan 10 mg. Plasma concentrations were measured predose and at 2, 4, 6, 12, 24, 48, and 72 hours after drug administration. The primary end point of this study was to evaluate the association between PK parameters and efficacy measures and recurrence rate. Secondary end points were pain-free and pain-relief episodes at 2 and 4 hours, recurrent episodes within 48 hours, and cumulative hazard of recurrence within 72 hours.

RESULTS: At baseline, approximately 17% of patients had mild migraine, while 83% had moderate-severe migraine. Although the time to maximum concentration was similar for both drugs (2.7 versus 2.3 hours), the terminal half-life for frovatriptan was longer than rizatriptan (29.3 versus 3.2 hours, $P<0.0001$). The proportion of patients who were pain-free at 4 hours without rescue medication was higher in the frovatriptan-treated group, (38.9 versus 5.6%, $P=0.045$). The cumulative hazard of recurrence over 72 h was reduced by frovatriptan compared to rizatriptan-treated patients (log-rank test, $P=0.04$). Pain-free and pain-relief episodes for the study period were positively correlated with the concentration:maximum concentration (Cmax) ratio for frovatriptan ($r=0.52$, $P=0.028$), but not rizatriptan. Recurrence rate was negatively correlated with the concentration:Cmax ratio for both frovatriptan ($r=-0.96$, $P=0.0024$) and rizatriptan ($r=-0.98$, $P=0.0004$). Fewer adverse events were observed for frovatriptan compared to rizatriptan (one versus eight, $P=0.021$).

CONCLUSION: This pilot study indicates that a similar extent of initial pain relief is afforded by both triptans in migraine treatment. The longer duration of action of frovatriptan parallels and correlates with its PK profile.

2. Cady RK, McAllister PJ, Spierings EL, Messina J, Carothers J, Diupesland PG, Mahmud RA. A randomized, double-blind, placebo-controlled study of breath powered nasal delivery of sumatriptan powder (AVP-825) in the treatment of acute migraine (The Target Study). Headache. 2015 Jan;55(1):88-100.

OBJECTIVE: To evaluate the efficacy and safety of AVP-825, a drug-device combination of low-dose sumatriptan powder (22 mg loaded dose) delivered intranasally through a targeted Breath Powered device vs an identical device containing lactose powder (placebo device) in the treatment of migraine headache.

BACKGROUND: Early treatment of migraine headaches is associated with improved outcome, but medication absorption after oral delivery may be delayed in migraineurs because of reduced gastric motility. Sumatriptan powder administered with an innovative, closed-palate, Bi-Directional, Breath Powered intranasal delivery mechanism is efficiently absorbed across the nasal mucosa and produces fast absorption into the circulation. Results from a previously conducted placebo-controlled study of AVP-825 showed a high degree of headache relief with an early onset of action (eg, 74% AVP-825 vs 38% placebo device at 1 hour, P<.01).

METHODS: In this double-blind, placebo-controlled, parallel-group study in adults with a history of migraine with or without aura, participants were randomized via computer-generated lists to AVP-825 or placebo device to treat a single migraine headache of moderate or severe intensity. The primary endpoint was headache relief (defined as reduction of headache pain intensity from severe or moderate migraine headache to mild or none) at 2 hours post-dose.

RESULTS: Two hundred and thirty patients (116 AVP-825 and 114 placebo device) were randomized, of whom 223 (112 and 111, respectively) experienced a qualifying migraine headache (their next migraine headache that reached moderate or severe intensity). A significantly greater proportion of AVP-825 patients reported headache relief at 2 hours post-dose compared with those using the placebo device (68% vs 45%, P=.002, odds ratio 2.53, 95% confidence interval [1.45, 4.42]). Between-group differences in headache relief were evident as early as 15 minutes, reached statistical significance at 30 minutes post-dose (42% vs 27%, P=.03), and were sustained at 24 hours (44% vs 24%, P=.002) and 48 hours (34% vs 20%, P=.01). Thirty-four percent of patients treated with AVP-825 were pain-free at 2 hours compared with 17% using the placebo device (P=.008). More AVP-825 patients reported meaningful pain relief (patient interpretation) of migraine within 2 hours of treatment vs placebo device (70% vs 45%, P<.001), and fewer required rescue medication (37% vs 52%, P=.02). Total migraine freedom (patients with no headache, nausea, phonophobia, photophobia, or vomiting) reached significance following treatment with AVP-825 at 1 hour (19% vs 9%; P=.04). There were no serious adverse events (AEs), and no systemic AEs occurred in more than one patient. Chest pain or pressure was not reported, and only one patient taking AVP-825 reported mild paresthesia. No other triptan sensations were reported.

CONCLUSIONS: Targeted delivery of a low-dose of sumatriptan powder via a novel, closed-palate, Breath Powered, intranasal device (AVP-825) provided fast relief of moderate or severe migraine headache in adults that reached statistical significance over placebo by 30 minutes. The treatment was well tolerated with a low incidence of systemic AEs.

3. Tepper SJ, Cady RK, Silberstein S, Messina J, Mahmoud RA, Diupesland PG, Shin P**.** AVP-825 breath-powered intranasal delivery system containing 22 mg sumatriptan powder vs 100 mg oral sumatriptan in the acute treatment of migraines (The COMPASS study): a comparative randomized clinical trial across multiple attacks. Headache. 2015 May:55(5):621-25.

OBJECTIVE: The objective of this study was to compare the efficacy, tolerability, and safety of AVP-825, an investigational bi-directional breath-powered intranasal delivery system containing low-dose (22 mg) sumatriptan powder, vs 100 mg oral sumatriptan for acute treatment of migraine in a double-dummy, randomized comparative efficacy clinical trial allowing treatment across multiple migraine attacks.

BACKGROUND: In phases 2 and 3, randomized, placebo-controlled trials, AVP-825 provided early and sustained relief of moderate or severe migraine headache in adults, with a low incidence of triptan-related adverse effects.

METHODS: This was a randomized, active-comparator, double-dummy, cross-over, multi-attack study (COMPASS; NCT01667679) with two ≤12-week double-blind periods. Subjects experiencing 2-8 migraines/month in the past year were randomized 1:1 using computer-generated sequences to AVP-825 plus oral placebo tablet or an identical placebo delivery system plus 100 mg oral sumatriptan tablet for the first period; patients switched treatment for the second period in this controlled comparative design. Subjects treated ≤5 qualifying migraines per period within 1 hour of onset, even if pain was mild. The primary end-point was the mean value of the summed pain intensity differences through 30 minutes post-dose (SPID-30) using Headache Severity scores. Secondary outcomes included pain relief, pain freedom, pain reduction, consistency of response across multiple migraines, migraine-associated symptoms, and atypical sensations. Safety was also assessed.

RESULTS: A total of 275 adults were randomized, 174 (63.3%) completed the study (ie, completed the second treatment period), and 185 (67.3%) treated at least one migraine in both periods (1531 migraines assessed). There was significantly greater reduction in migraine pain intensity with AVP-825 vs oral sumatriptan in the first 30 minutes post-dose (least squares mean SPID-30 = 10.80 vs 7.41, adjusted mean difference 3.39 [95% confidence interval 1.76, 5.01]; P < .001). At each time point measured between 15 and 90 minutes, significantly greater rates of pain relief and pain freedom occurred with AVP-825 treatment compared with oral sumatriptan. At 2 hours, rates of pain relief and pain freedom became comparable; rates of sustained pain relief and sustained pain freedom from 2 to 48 hours remained comparable. Nasal discomfort and abnormal taste were more common with AVP-825 vs oral sumatriptan (16% vs 1% and 26% vs 4%, respectively), but □90% were mild, leading to only one discontinuation. Atypical sensation rates were significantly lower with AVP-825 than with conventional higher dose 100 mg oral sumatriptan.

CONCLUSIONS: AVP-825 (containing 22 mg sumatriptan nasal powder) provided statistically significantly greater reduction of migraine pain intensity over the first 30 minutes following treatment, and greater rates of pain relief and pain freedom within 15 minutes, compared with 100 mg oral sumatriptan. Sustained pain relief and pain freedom through 24 and 48 hours was achieved in a similar percentage of attacks for both treatments, despite substantially lower total systemic drug exposure with AVP-825. Treatment was well tolerated, with statistically significantly fewer atypical sensations with AVP-825.

**Appendix 4:** Medline Search Strategy

*1 Sumatriptan 2113*
*2 zolmitriptan.mp 517*
*3 rizatriptan.mp 428*
*4 naratriptan.mp 292*
*5 almotriptan.mp 238*
*6 eletriptan.mp 246*
*7 frovatriptan 168*
*8 triptans.mp or Tryptamines 2996*
*9 migraine.mp or Migraine Disorder 19093*
*10 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 4501*
*11 9 and 10 2706*
*12 limit 11 to (clinical trial, all or clinical trial or comparative study or controlled clinical trial or meta analysis or practice guideline or pragmatic clinical trial or randomized controlled trial or systematic reviews) 111*

# Antimigraine - Triptans

**Goal(s):**

- Decrease potential for medication overuse headache through quantity limits and therapeutic duplication denials.
- Promote PDL options.

**Length of Authorization:**

Up to 6 months

**Requires PA:**

- Non-preferred drugs

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

**Check the Reason for PA:**

- 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)

Quantity Limits Per Labeling.

| Generic | Brand | Max Daily Dose | Dosage Form | Quantity Limit Per Month |
|---|---|---|---|---|
| Almotriptan | Axert | 25 mg | 6.25 mg tab<br>12.5 mg tab | 12 tabs |
| Eletriptan | Relpax | 80 mg | 20 mg tab<br>40 mg tab<br>(blister pack 6, 12) | 9 tabs |
| Frovatriptan | Frova | 7.5 mg | 2.5 mg tab<br>(blister pack 9) | 9 tabs |

| Generic | Brand | Max Daily Dose | Dosage Form | Quantity Limit Per Month |
|---|---|---|---|---|
| Naratriptan | Amerge | 5 mg | 1 mg tab<br>2.5 mg tab (blister pack 9) | 9 tabs |
| Rizatriptan | Maxalt<br>Maxalt MLT | 30 mg | 5 mg tab<br>10 mg tab (blister pack 6, 12) | 12 tabs |
| Sumatriptan Tablets | Imitrex & generics | 200 mg | 25 mg tab, 50 mg tab, 100 mg tab (blister pack 9) | 9 tablets |
| Sumatriptan Nasal | Imitrex & generics | 40 mg | 5 mg, 10 mg (box of 6) | 18 spray units |
| Sumatriptan Nasal Powder | Onzetra Xsail | 44 mg | 22 mg (11 mg in each nostril) | 6 nosepieces |
| Sumatriptan Injectable | Imitrex & generics | 12 mg | 6 mg/0.5 mL | 6 vials |
| Sumatriptan Injectable | Sumavel | 12 mg | 6 mg/0.5 mL units (package of 6) | 6 jet injectors |
| Sumatriptan /Naproxen | Treximet | 170 mg / 1000 mg (2 tablets) | 85 mg/500 mg tab (box of 9) | 9 tablets |
| Zolmitriptan | Zomig<br>Zomig ZMT | 10 mg | 2.5 mg tab (blister pack, 6) | 6 tabs |
| Zolmitriptan Nasal Spray | Zomig NS | 10 mg | 5 mg (box of 6) | 3 packages (18 spray units) |

Abbreviations: d = days; MR = may repeat; NS = nasal spray; PO = orally

| Approval Criteria | | |
|---|---|---|
| 1. What diagnosis is being treated? | Record ICD10 code. | |
| 2. Does the patient have a diagnosis of migraine headaches? | Yes: Go to #3 | No: Pass to RPh. Deny for medical appropriateness. |
| 3. Is requested drug a preferred product? | Yes: Go to #5 | No: Go to #4 |
| 4. Will the prescriber consider a change to a preferred product?<br><br>Message:<br>• Preferred products do not require PA within recommended dose limits.<br>• Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. | Yes: Inform prescriber of covered alternatives in class and dose limits. | No: Go to #5 |
| 5. Is request for a higher dose than listed in quantity limit chart? | Yes: Pass to RPh. Deny for medical appropriateness.<br><br>• May recommend use of migraine prophylactic therapy and reinforce that doses above those recommended by the manufacturer increase the incidence of medication overuse headache.<br>• One lifetime 90-day taper may be approved at pharmacist discretion.<br>• Document. | No: Trouble-shoot claim payment (e.g., days' supply?).<br><br>Go to #6. |

| Approval Criteria | | |
|---|---|---|
| 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: Pass to RPh. Deny for medical appropriateness. |

*P&T / DUR Review:* *3/16 (MH); 3/10; 9/09; 11/03; 5/03*
*Implementation:* *3/23/10, 1/1/10, 7/1/06, 5/31/05; 6/30/04*