

Naratriptan (Amerge®) Utilization Management Criteria

DRUG CLASS:	5HT ₁ agonists	HICL = 0000000013266
BRAND (generic) NAME:	Amerge (naratriptan)	2.5 mg oral tablet (GCN = 081111)
		1 mg oral tablet (GCN = 081112)

FDA INDICATIONS: Oral naratriptan is indicated for the acute treatment of migraine with or without aura in adults. The 5-HT₁ agonists are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine.

ICD-9 CODES: Migraine – with aura (“classic”): 346.0
Migraine – idiopathic/without aura (“common”): 346.1

QUANTITY LIMITATIONS (QL) CRITERIA:

	SHORT TERM:	EXTENDED SUPPLY:
	23 mg per 30 days	69 mg per 90 days
Naratriptan (Amerge) 2.5 mg	1 pack (9 tablets)	3 packs (27 tablets)
Naratriptan (Amerge) 1 mg	23 tablets	69 tablets

If patient is requiring amounts in excess of these numbers, please follow the Quantity Limitations (QL) criteria developed for naratriptan (Amerge).

RATIONALE: Amerge (naratriptan) tablets – Naratriptan has a maximum dose of 5 mg per day. Glaxo has studied naratriptan in up to 4 migraines per month, or 20 mg per month. Naratriptan is packaged in boxes of 9, so 1 box of 2.5 mg tablets should last one month.

CRITERIA FOR EXCEEDING QL:

1. Convey to physician the amount of the drug that the patient has already received (refer to QL criteria) and ask if the patient needs more than that amount. **AND**
2. Patient must have diagnosis of moderate to severe migraine headache. (Tension type and chronic daily headaches are **NOT** appropriate diagnoses.) **AND**
3. Must have tried and failed at least 2 other abortive migraine therapy. Examples of medications used for abortive therapy include:
 - Ibuprofen (Motrin®)
 - Diclofenac (Voltaren®)
 - Flurbiprofen (Ansaid®)
 - Ergotamine-containing products (Cafergot, Wigraine, Ergomar, etc.)
 - Isometheptene mucate/Dichloralphenazone/Acetaminophen (Midrin, etc.) **AND**
4. If patient experiences > 4 migraine headaches per month, prophylactic therapy should have been given an adequate trial (see table below) **AND**
5. The possibility of medication-induced, rebound, or chronic daily headache should be considered. **AND**
6. **DENY** if to be used in combination with another triptan (e.g. Zomig, Imitrex, Maxalt, Axert, Frova, Relpax) or an ergotamine (e.g. Migranal, Cafergot) due to possibility of increased blood pressure effect.

BLACK BOX WARNINGS:

None

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RATIONALE:

- Aspirin, acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs) and combination products containing these key ingredients are generally considered first line abortive therapy for migraine.
- Prophylactic migraine therapy may reduce the frequency and severity of migraine attacks.
- Quantity limitations criteria are intended to prevent inappropriate use of the triptans.

NURSING ASSESSMENT:

1. Gather a complete medical history; note any contributing factors (i.e. smoker, diet, alcohol consumption, use of OTC medications, stress, etc.). Include migraine history and any precipitating factors.
2. Determine any history of cardiac problems or evidence of ischemic cardiovascular disease, as drug is contraindicated.
3. Ensure that a neurological examination has been performed to identify appropriate migraine category.
4. Obtain baseline ECG, liver (AST, ALT), and renal function tests.

PROVIDER EDUCATION:

1. Review appropriate method for administration (oral).
2. Nausea, vomiting, malaise, and fatigue are the most common adverse effects.
3. GlaxoSmithKline Drug Information: 800-334-0089

MISUSE AND CHRONIC DAILY HEADACHE:

“Chronic Daily Headache (CDH) is a syndrome that consists of a group of disorders that can be subclassified into primary and secondary types. Drug-induced daily headache frequently arises during headache therapy. It can result from the daily use of ergotamines and excessive amounts of common analgesics. CDH usually manifests itself as a constant dull pressure in the frontal and occipital areas. Most patients will complain of headache upon awakening in the morning. The symptomatic medications used for the immediate relief of headache may actually perpetuate the headache if used frequently and in excessive quantities. Therapy for drug-induced headache is withdrawal of the responsible medication.”

CLINICAL OUTCOME:

Reversal of acute migraine attack and relief of associated symptoms.

DOSAGE AND ADMINISTRATION:

In controlled clinical trials, single doses of 1 and 2.5 mg of naratriptan taken with fluid were effective for the acute treatment of migraine in adults. A greater proportion of patients had headache response following a 2.5 mg dose than following a 1 mg dose. Individuals may vary in response to doses of naratriptan. The choice of dose, therefore, should be made on an individual basis, weighing the possible benefit of the 2.5 mg with the potential for a greater risk of adverse events. If the headache returns, or if the patient has only partial response, the dose may be repeated once after 4 hours, for a maximum dose of 5 mg in a 24-hour period. There is evidence that doses of 5 mg do not provide a greater effect than doses of 2.5 mg.

The dosage and administration section of the prescribing information for Amerge Tablets states, “The safety of treating, on average, more than 4 headaches in a 30 day period has not been established.”

RISK FACTORS/CONTRAINDICATIONS:

1. Do not use with ergotamine-containing or ergot-type products or MAO-A inhibitors.
2. Do not use with patients with ischemic heart disease or uncontrolled blood pressure.
3. Do not use as a prophylactic agent.
4. Give only where diagnosis of migraine is clearly established.
5. Contraindications to the use of 5-HT₁ agonists: history, symptoms, or signs of ischemic cardiovascular, cerebrovascular, or peripheral vascular syndromes; severe hepatic or renal impairment; coronary artery disease; uncontrolled hypertension.

DRUG INTERACTIONS:

- Ergot-containing drugs have been reported to cause prolonged vasospastic reactions. Because there is a theoretical basis that these effects may be additive, use of ergotamine-containing or ergot-type medications (like dihydroergotamine) and 5-HT₁ agonists within 24 hours of each other should be avoided.
- MAO-A inhibitors increase the systemic exposure of the 5-HT₁ agonists and concomitant use is contraindicated.
- Concomitant use of more than one 5-HT₁ agonist within 24 hours of each other is not recommended.
- Selective serotonin reuptake inhibitors (SSRIs) have been reported to cause weakness, hyperreflexia, and incoordination when coadministered with 5-HT₁ agonists.

MIGRAINE THERAPY OPTIONS:

Examples of Prophylactic therapy for migraine headache (this list may not be complete). An adequate trial of 2-3 months of treatment should be given before drug considered ineffective:

DRUG CLASS	NAME
• Beta Blockers	Propranolol Atenolol Metoprolol Timolol
• Antidepressants	Amitriptyline Fluoxetine
• Calcium Channel Blockers	Nifedipine Verapamil Diltiazem
• Anticonvulsants	Divalproex sodium/sodium valproate Carbamazepine Gabapentin Topiramate
• NSAIDs	Naproxen Aspirin Ketoprofen
• Other	Feverfew Magnesium Vitamin B2 (Riboflavin)

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