



STATE OF NEW YORK DEPARTMENT OF HEALTH

One Commerce Plaza Albany, New York 12210

RETRODUR INTERVENTION NOTICE: SEROTONIN RECEPTOR AGONISTS (TRIPTANS)

April 15, 2011

Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications in order to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. At the May 14, 2010 Drug Utilization Review (DUR) Board Meeting, the Board members reviewed the utilization of Triptans within the NY Medicaid program.

After considering clinical information, utilization data, and the concerns raised by the membership, including the potential for adverse events and safety, the Board recommended quantity and frequency limits for Triptans. The limit is equal to 18 intranasal or oral dosage units per month, or the equivalent of 9 days at the recommended dose. This limit is based on FDA approved labeling for indications, dosing and administration, and the European Federation of Neurological Societies (EFNS) guidelines for treating nine headaches per month.¹⁻⁹

New York State Medicaid pharmacy claim data indicates that you have written prescription(s) for Triptans. Please consider the above recommendation before prescribing Triptans, as the DUR Program is concerned that there may be utilization of this medication based on dosage that is not consistent with FDA approved labeling or evidence-based clinical guidelines.

In presenting this information to you, the DUR Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. We ask that you consider the information provided regarding the prescribing of Triptans for your patients.

For additional information on the DUR Program and Frequency/Quantity/Duration parameters please visit: http://nyhealth.gov/health_care/medicaid/program/dur/index.htm.

Thank you for your professional assistance in this matter.

Sincerely,

John F. Naioti, Jr., R.Ph.
DUR Program Manager

1. Amerge (naratriptan hydrochloride) tablets prescribing information. <http://www.gsk.com/products/prescription-medicines/amerge.htm>. Accessed January 31, 2011.
2. Axert (almotriptan malate) tablets prescribing information. <http://www.axert.com/axert/>. Accessed January 31, 2011.
3. Frova (frovatriptan succinate) tablets prescribing information. <http://www.frova.com/default.aspx>. Accessed January 31, 2011.
4. Imitrex (sumatriptan succinate) tablets, injection and nasal spray prescribing information. <http://www.gsk.com/products/prescription-medicines/imitrex.htm>. Accessed January 31, 2011.
5. Maxalt, Maxalt-MLT (rizatriptan benzoate) tablets, orally disintegrating tablets prescribing information. http://www.maxalt.com/rizatriptan_benzoate/maxalt/consumer/index.jsp. Accessed January 31, 2011.
6. Relpax (eletriptan hydrobromide) tablets prescribing information. <http://www.relpax.com/>. Accessed January 11, 2011.
7. Treximet (sumatriptan and naproxen sodium) tablets prescribing information. <http://www.gsk.com/products/prescription-medicines/treximet.htm>. Accessed January 11, 2011.
8. Zomig, Zomig-ZMT (zolmitriptan) tablets, orally disintegrating tablets and nasal spray prescribing information. <http://www.zomig.com/professional/index.aspx>. Accessed January 11, 2011.
9. Evers S, Afra J, Frese A, et al. EFNS guideline on the drug treatment of migraine - Revised report of an EFNS task force. *European Journal of Neurology*. 2009;16(9):968-981.