AXERT®
UTILIZATION MANAGEMENT CRITERIA

**DRUG CLASS:** 5HT₁ agonists
**BRAND NAME:** Axert 6.25 mg tablet
(Generic) (almotriptan) 12.5 mg tablet

**FDA INDICATIONS:**
Oral almotriptan 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. Safety and effectiveness have also not been established for cluster headache.

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

**QL CRITERIA:**

<table>
<thead>
<tr>
<th>DRUG</th>
<th>SHORT TERM</th>
<th>EXTENDED SUPPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axert 6.25 mg</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>Axert 12.5 mg</td>
<td>8</td>
<td>24</td>
</tr>
</tbody>
</table>

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

**RATIONALE:**
Axert (almotriptan) tablets - Almotriptan has a maximum dose of 25 mg per day. The safety of treating an average of > 4 headaches in a 30 day period has not been established.

**CRITERIA FOR EXCEEDING QUANTITY LIMITATIONS:**
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:
   - Diclofenac (Voltaren®)
   - Ergotamine-containing products (Cafergot, Wigraine, Ergomar, etc.)
   - Flurbiprofen (Ansaid®)
   - Ibuprofen (Motrin®)
   - Isomethpetene mucate/Dichlorphenazine/Acetaminophen. (Midrin, etc.) AND
4. If patient experiences >4 migraine headaches per month, prophylactic therapy has 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, Amerge, Imitrex, Frova, Maxalt, Relpax) or an ergotamine (e.g., Migranal, Cafergot) due to possibility of increased blood pressure effect.
BLACK BOX WARNINGS:
None

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. Ortho-McNeil Pharmaceutical 800-631-5273

MISUSE AND CHRONIC DAILY HEADACHE:
Chronic Daily Headache (CDH) is a syndrome that consists of a group of disorders that can be sub-classified 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 manifest itself as a constant dull pressure in the frontal and occipital areas. Most of the 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 of drug-induced headache is withdrawal of the responsible medication.

CLINICAL OUTCOME:
Reversal of acute migraine attack and relief of associated symptoms

DOSAGE AND ADMINISTRATION:
The almotriptan dose for the treatment of acute migraine in adults is 6.25 mg to 12.5 mg; the 12.5 mg dose may provide a greater effect for the acute treatment of migraines in adults. If the headache returns, a second dose may be taken no sooner than 2 hours after the initial dose. No more than 2 doses should be given within a 24-hour period. The total daily dose should not exceed 25 mg. Lower starting and maximum doses should be used in patients with renal or hepatic impairment. The safety of using almotriptan to treat more than 4 migraine headaches in a 30-day period has not been established. NOTE: In patients who do not respond to the first dose of almotriptan, the diagnosis of migraine should be reconsidered before administration of a second dose and the possibility of an evolving cerebrovascular event considered.

RISK FACTORS/CONTRAINDICATIONS:
1. Do not use with ergotamine-containing 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: pregnancy, peripheral vascular disease (i.e., thromboangitis, leuetic arteritis, Raynaud’s Syndrome, thrombophlebitis, arteriosclerosis), 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:**

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

Initial Date: December 2002
Review Date: 9/2009

**REFERENCES:**

Blue Medicare HMO℠ and Blue Medicare PPO℠ plans are offered by PARTNERS National Health Plans of North Carolina, Inc. (PARTNERS) a subsidiary of Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina and PARTNERS are independent licensees of the Blue Cross and Blue Shield Association. ®, ℠ Marks of the Blue Cross and Blue Shield Association.
References supporting average number of migraine attacks per month:
11. Eur Neurol 1996;32 (suppl 2):24-7 (n=606) ~2.9-3.2 per month
12. Fletcher PE, et al. Headache Treatment: Trial Methodology and New Drugs. Lippincott-Raven Publishers, 1997 (n=701) ~2.9 to 3.2 per month
14. Dowson A. Eur Neurol 1996;36 (suppl 2):28-31 (n=40) ~2 per month

General References: