

QIPP Detail Aid

Providing support for quality in prescribing

TRIPTANS – choice of agent

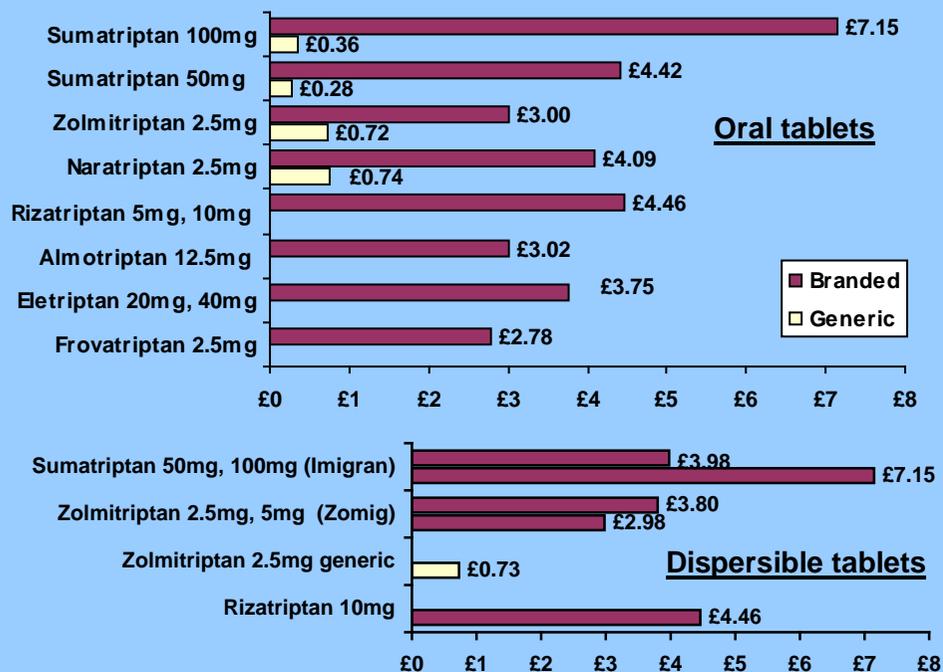
WHAT IS THE PROBLEM?

- The East Midlands spent over £3million on oral or intranasal triptans in 2011-12.
- Generic sumatriptan has the lowest acquisition cost. Even if half of all oral non-dispersible triptans had been prescribed as generic sumatriptan 100mg, over £750,000 would have been available for other health interventions.
- A generic dispersible zolmitriptan tablet is now available. If all dispersible triptans were prescribed as zolmitriptan 2.5mg, a further £675,000 could be saved.
- Sumatriptan should always be prescribed generically; over £170,000 could have been saved simply by prescribing sumatriptan tablets generically.

WHAT IS THE EVIDENCE?

- NICE Clinical Guidelines recommend an oral triptan (with the lowest acquisition cost) with a NSAID or paracetamol as first-line options for acute migraine. If this is consistently ineffective, they recommend trying one or more alternative oral triptans.
- Sumatriptan has more evidence from randomised controlled trials to support its use than any other triptan. There are few comparative studies between agents. A systematic review in 2001 found that, compared with sumatriptan 100mg:
 - Rizatriptan 5mg was similar; 10mg showed better effectiveness and consistency with similar tolerability;
 - Eletriptan 20mg was less effective with similar tolerability; 40mg was similar; 80mg showed better effectiveness, similar consistency, but lower tolerability;
 - Zolmitriptan 2.5mg and 5mg were similar;
 - Almotriptan 12.5mg showed similar effectiveness at 2 hours but other results were better;
 - Naratriptan 2.5mg was less effective but better tolerated;
- NICE recommend that an anti-emetic be considered in addition to other acute treatment for migraine even in the absence of nausea and vomiting. If vomiting restricts oral treatment despite an anti-emetic, consider a non-oral formulation e.g. zolmitriptan nasal spray. Sumatriptan nasal spray is not useful if vomiting precludes oral therapy as it is absorbed mostly through the GI tract; whereas about 30% of intranasal zolmitriptan is absorbed through the nasal mucosa.

WHAT ARE THE COSTS? (COST PER DOSE)



Costs per dose. Taken from Drug Tariff/ MIMS October 2012

The information contained in this document will be superseded in due course.

References

1. NICE Clinical Guideline 150 2012 Headaches: Diagnosis and management of headaches in young people and adults Available from www.nice.org.uk
2. BASH (2010) Guidelines for all healthcare professionals in the diagnosis and management of migraine, tension-type, cluster and medication-overuse headache. British Association for the Study of Headache. Available from www.bash.org.uk

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