DEPARTMENT OF DEFENSE
PHARMACY AND THERAPEUTICS COMMITTEE
RECOMMENDATIONS
INTERIM MEETING
Oct 2008

DRUG CLASS REVIEW – 5-HYDROXYTRYPTAMINE AGONISTS (TRIPTANS)

The P&T Committee held an interim teleconference meeting on 27 Oct 2008 during which it re-reviewed the cost-effectiveness of the triptan drug class that was originally conducted at the June 2008 meeting. Nine voting Committee members, who constituted a majority of the entire voting Committee members, participated. All triptan drugs originally recommended for inclusion on the UF were covered by Uniform Formulary Voluntary Agreement for Retail Refunds (UF VARR) submissions at or below the Federal Ceiling Price (FCP). (One of the triptan drugs recommended for non-formulary status was also covered by a UF-VARR at or below the FCP, but was not considered cost-effective.) However this meeting was held because manufacturers were offered the opportunity to re-submit Uniform Formulary Voluntary Agreement for Retail Refunds submissions to include offers that would exceed the Federal Ceiling Price and to re-evaluate the clinical and cost-effectiveness of the drugs after resubmissions were received. A revised UF VARR was submitted for one drug. The 12-13 June 2008 DoD P&T Committee meeting minutes were originally signed by the Director, TMA on 27 August 2008.

Relative Clinical Effectiveness: The relative clinical effectiveness of the triptan drugs was previously reviewed at the June 2008 meeting; there were no changes to the clinical effectiveness conclusion at the interim Oct 2008 teleconference meeting. The relative clinical effectiveness review presented at the June 2008 meeting is provided below.

The P&T Committee evaluated the relative clinical effectiveness of the eight marketed 5-hydroxytryptamine agonists (triptans) in the US, almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), rizatriptan (Maxalt), and zolmitriptan (Zomig). None of the triptans are available in generic formulations, although generic formulations of sumatriptan are expected in early 2009.

MHS expenditures for the triptans were approximately $70 million for the time period of May 2007 to April 2008. In terms of total quantity dispensed between May 2007 and April 2008, sumatriptan is the highest utilized triptan in the MHS (~150,000 tablets dispensed/month), followed by zolmitriptan (~60,000 tablets/month), and rizatriptan (~45,000 tablets/month). To review the full clinical effectiveness evaluation, see the Triptan DoD Drug Class Review found at https://rxnet.army.mil/ (Forum: File Library; Folder: DoD P&T library).

Relative Clinical Effectiveness Conclusion: The P&T Committee voted in June 2008 (15 for, 0 opposed, 0 abstained, 0 absent) to accept the following clinical effectiveness conclusion:

a) With regards to efficacy at providing pain relief at 2 hours,1) rizatriptan 10 mg (Maxalt) appears superior to the other triptans; 2) almotriptan (Axert), eletriptan (Relpax), sumatriptan (Imitrex) and zolmitriptan (Zomig) have comparable relative effectiveness; 3) frovatriptan (Frova) appears inferior to the other triptans, although these results are based on limited data; 4) naratriptan (Amerge) appears inferior to the other triptans; and 5) sumatriptan/naproxen (Treximet) appears superior to sumatriptan 85 mg, but there is insufficient evidence to suggest clinically relevant differences between Treximet and the other triptans.

b) With regards to other efficacy endpoints, 1) rizatriptan 10 mg (Maxalt) and almotriptan 12.5 mg (Axert) are superior to the other triptans for pain free response at 24 hours; and 2) rizatriptan 10 mg is superior to the other triptans for pain-free response at 2 hours.

c) With regards to safety and tolerability, almotriptan (Axert) and naratriptan (Amerge) had the most favorable adverse event profiles compared to the other triptans. There is only limited data for frovatriptan from the product labeling.

Relative Cost Effectiveness: The DoD P&T Committee evaluated the relative cost effectiveness of the triptans at the interim 28 October 2008 teleconference meeting. In considering the relative cost-effectiveness of pharmaceutical agents in this class, the P&T Committee evaluated the costs of the agents in relation to the efficacy, safety, tolerability, and clinical outcomes of the other agents in the class. Information considered by the P&T Committee included but was not limited to sources of information listed in 32 CFR 199.21(e)(2).

Relative Cost Effectiveness Conclusion: The cost effectiveness of the triptan agents was evaluated by CMA, cost effectiveness analysis (CEA), and by budget impact analysis (BIA). Based on the results of the cost analyses and other clinical and cost considerations, the P&T Committee concluded (9 for, 0 opposed, 0 abstained, 0 absent) the following:

a) Results from the triptan CMA revealed that sumatriptan/naproxen (Treximet) was the most cost effective agent overall. However, sumatriptan (Imitrex) is expected to become the most cost-effective triptan when generic formulations reach the market in early 2009.

b) Results from the 2 hour pain response CEA revealed that 1) sumatriptan/naproxen (Treximet) and rizatriptan (Maxalt) are the most cost-effective agents; and 2) when the price for generic formulations of sumatriptan (Imitrex) drops below 70% of the current price, sumatriptan will become the most cost-effective agent.

c) Results from the 2 hour pain-free response CEA revealed that 1) sumatriptan/naproxen (Treximet), eletriptan (Relpax) and rizatriptan (Maxalt) are the most cost-effective agents; and 2) when the price for generic formulations of sumatriptan (Imitrex) drops below 70% of the current price, sumatriptan will become the most cost-effective agent.

d) The BIA evaluated the potential impact of scenarios with selected triptans designated formulary or non-formulary on the UF. Results from the BIA revealed that the scenario that designated almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge) as non-formulary under the UF was more favorable to the MHS.

*A. **COMMITTEE ACTION: UF RECOMMENDATION*** – In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the triptans, and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted (8 for, 0 opposed, 1 abstained, and 0 absent) to recommend that:

1) Sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), eletriptan (Relpax), rizatriptan (Maxalt), and zolmitriptan (Zomig) be classified as formulary on the UF.

2) Almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge) be designated as non-formulary under the UF, based on cost effectiveness.

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

*B. **COMMITTEE ACTION: MN CRITERIA*** – The Committee agreed to maintain the original MN criteria from the June 2008 meeting. Based on the clinical evaluation for almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge), and the conditions for establishing medical necessity for a non-formulary medication provided for in the UF rule, the P&T Committee recommended in June (13 for, 0 opposed, 1 abstained, 1 absent) MN criteria for almotriptan, frovatriptan, and naratriptan. (See Appendix B for full MN criteria).

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

*C. **COMMITTEE ACTION: IMPLEMENTATION PERIOD*** – There was no change to the original 90-day implementation period from the June 2008 meeting (vote in June of 13 for, 0 opposed, 1 abstained, 1 absent). The implementation date will be effective 26 November 2008. TMA will send a letter to beneficiaries affected by this UF decision.

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

*D. **COMMITTEE ACTION: BCF RECOMMENDATION*** – The P&T Committee considered the BCF status of the triptan agents at the October interim teleconference meeting. Based on the results of the clinical and economic evaluations presented, the P&T Committee voted (8 for, 0 opposed, 1 abstained, and 0 absent) to recommend that 1) rizatriptan (Maxalt) be designated as BCF immediately upon signing of the

interim October 2008 DoD P&T Committee minutes by the Director, TMA; 2) sumatriptan (Imitrex oral tablets and one injectable sumatriptan formulation be designated as BCF when multi-source generic formulations that are cost effective reach the marketplace. As a result of the above actions, zolmitriptan (Zomig) would no longer be designated as BCF, but maintained as formulary on the UF.

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

E. COMMITTEE ACTION: QUANTITY LIMIT (QL) RECOMMENDATIONS – There was no change to the quantity limits from the June 2008 meeting. The P&T Committee voted (13 for, 0 opposed, 1 abstained, 1 absent) to 1) to recommend QLs for sumatriptan 85 mg/naproxen 500 mg (Treximet) of 9 tablets per 30 days and 27 tablets per 90 days; 2) to recommend QLs for sumatriptan (Imitrex) 4 mg injection of 9 syringes per 30 days and 24 syringes per 90 days; and 3) to maintain the existing QLs for the other triptans.

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

SUBMITTED BY:

COL John Kugler, USA, MC
DoD P&T Committee Chair

DECISION ON RECOMMENDATIONS

Director, TMA, decisions are as annotated above.

DEC - 2 2008

S. Ward Casscells, MD