

Date: October 20, 2005

Subject: DRC Recommendations to DCC and DHS

To: DHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D.
Chairman DRC

At its 10/20/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of seven triptans in the management of adult patients with headaches.

The medications discussed included the following:

Almotriptan [Axert]
Eletriptan [Relpax]
Frovatriptan [Frova]
Naratriptan [Amerge]
Rizatriptan [Maxalt]
Sumatriptan [Imitrex]
Zolmitriptan [Zomig]

Based upon the bulk of the best available evidence pertaining to the aforementioned drugs the Committee concluded the following:

There is insufficient evidence to exclude completely any of the agents from therapeutic consideration on the basis of toxicity or increased frequency of adverse effects.

Almotriptan and frovatriptan should be not be considered at this time due to a relative paucity of data supporting their efficacy relative to eletriptan, naratriptan, rizatriptan, sumatriptan and zolmitriptan.

Rizatriptan should be available because there is some evidence that it is more efficacious than other available agents.

At least one nasal and one injectable dosage form should be available.

At least two oral formulations should be available.

There is insufficient evidence to conclude in general that any of the remaining five drugs [eletriptan, naratriptan, rizatriptan, sumatriptan and zolmitriptan] is either less efficacious or associated with more adverse effects than another based upon demographics, comorbidities or adverse drug interactions.