

# QIPP Detail Aid

Providing support for quality in prescribing

## TRIPTRANS – choice of agent

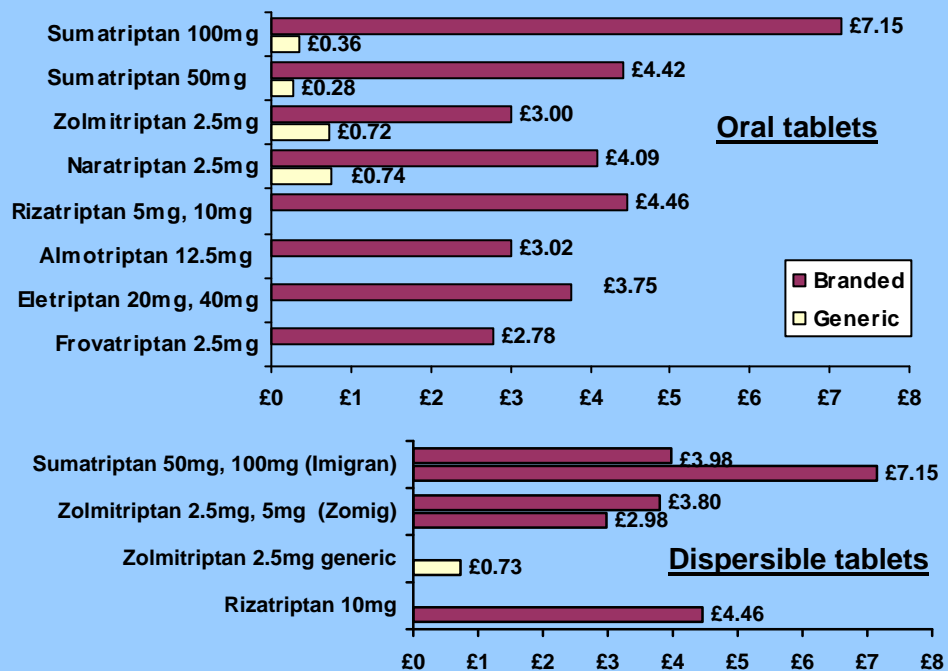
### WHAT IS THE PROBLEM?

- 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

### KEY MESSAGES

- There are few comparative studies between different agents. Oral sumatriptan (50mg or 100mg) has the most evidence of all the triptans and is a suitable first option for most people.
- With several triptans recently coming off patent and others soon to follow, all triptans should be prescribed generically. There are significant savings to be made by using generic products.
- If a dispersible triptan is required, generic zolmitriptan orodispersible 2.5 mg tablets are the preferred option as they are currently the only generic dispersible formulation available.

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](http://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](http://www.bash.org.uk)

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