Commercial/Healthcare Exchange PA Criteria

Effective: March 2008

Prior Authorization: Eletriptan

Products Affected: Relpax (eletriptan) oral tablets, Eletriptan oral tablets

Medication Description:

Eletriptan has high affinity for 5-HT1 receptor subtypes, more specifically those receptors located on intracranial blood vessels, and acts as a receptor agonist at those sites. Two theories exist to explain the 5-HT1 receptor agonists in migraine headaches: activation of 5-HT1 vasoconstricts intracranial blood vessels and correlates to relief of migraine headaches; activation of 5-HT1 receptors on sensory nerve endings inhibits pro-inflammatory response in the trigeminal system.

Covered Uses: Eletriptan is indicated for the acute treatment of migraine with or without aura in adults.

Exclusion Criteria:

1. Prevention of migraine attacks
2. Cluster headache
3. Ischemic coronary artery disease (CAD) (angina pectoris, history of myocardial infarction, or documented silent ischemia) or coronary artery vasospasm, including Prinzmetal's angina
4. Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders
5. History of stroke, transient ischemic attack (TIA), or history or current evidence of hemiplegic or basilar migraine because these patients are at a higher risk of stroke
6. Peripheral vascular disease
7. Ischemic bowel disease
8. Uncontrolled hypertension
9. Use within 24 hours of treatment with another 5-HT1 agonist, or an ergotamine-containing medication
10. Use within at least 72 hours of treatment with the following potent CYP3A4 inhibitors: ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, or nelfinavir

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Patient has a documented intolerance to, or treatment failure of an adequate trial of TWO of the following medications: naratriptan, almotriptan, frovatriptan, sumatriptan, rizatriptan, or zolmitriptan

References:

1. Product Information: RELPAX(R) oral tablets, eletriptan hydrobromide oral tablets. Roerig (per FDA), New York, NY, 2013.

2. Product Information: Eletriptan hydrobromide oral tablets, eletriptan hydrobromide oral tablets. Amneal Pharmaceuticals LLC (per DailyMed), Bridgewater, NJ, 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	All	All	3/2008
2	Template update	Reformatted from old to new CCI Template CCI P&T Review History: 3/08, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 11/16, 5/17, 4/17, 5/18, 5/19 CCI Revision Record: 8/11, 6/13, 8/13, 4/16, 11/16, 5/18 Added Mechanism of Action Updated Exclusion Criteria to match FDA Label Updated Reference	All	6/5/2020

3	Update	Updated Exclusion Criteria to match FDA Label with the addition of #9 and #10	Exclusion Criteria	2/10/2021