




Triptans — Don't let the PBS restriction give you a headache


5HT₁ receptor agonists (triptans) are authority required medicines and require prior approval from Medicare Australia.

There is often confusion surrounding how a patient qualifies for PBS subsidised triptans: naratriptan hydrochloride tablet 2.5mg, sumatriptan succinate tablet 50mg and zolmitriptan tablet 2.5mg.


To avoid confusion and ensure your patient meets the PBS restriction criteria for a triptan, please use the following checklist:

1. Patient has been suffering from migraine attacks 

and

2. Patient has been receiving or has failed a reasonable trial of prophylactic medication 

and

3. Patient has failed to respond to oral therapy with ergotamine and other appropriate agents, or has a contraindication to these agents 

PRESCRIBING for patients who don't meet the criteria

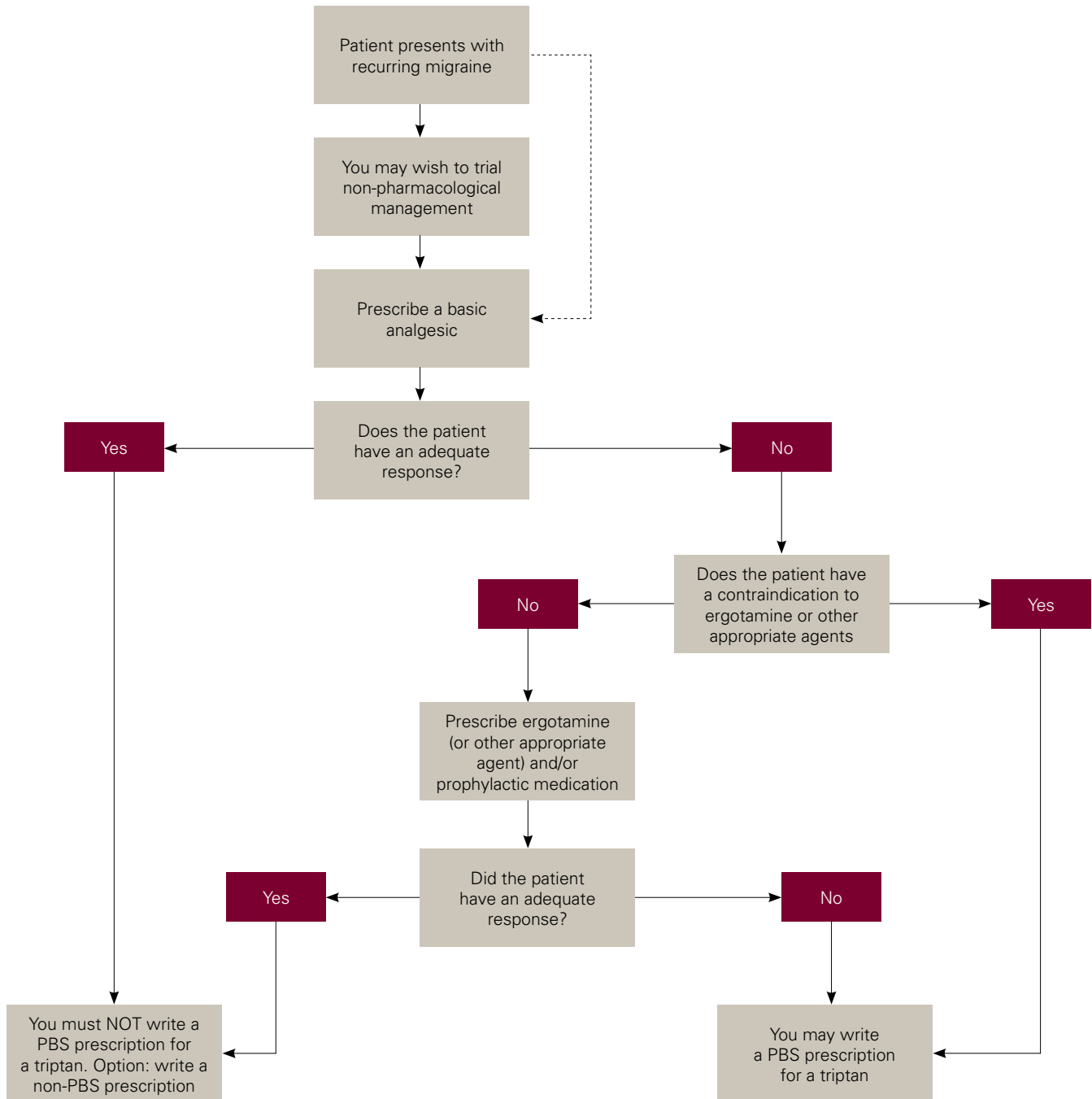
Prescribing outside the PBS restriction criteria can lead to substantial and unnecessary increases in PBS expenditure. Medicare Australia recognises that prescribers are responsible for deciding the most appropriate treatment for their patients. If you wish to prescribe triptans for a patient who does not meet the PBS restriction criteria you must write a non-PBS prescription.

The current PBS restriction for triptans can be accessed at www.pbs.gov.au

Caution: Triptans should not be prescribed with ergotamine. Triptans are contraindicated in patients with known or suspected coronary artery disease. They should not be taken within 24 hours of ergotamine or dihydroergotamine use.

Case study

1. Your patient presents with a migraine and is unresponsive to paracetamol alone. She suffers, on average, one migraine a month and has not been treated for migraine previously. After excluding differential diagnoses, you decide to trial paracetamol and aspirin¹.
2. Patient returns reporting that the treatment has been ineffective. You assess the patient and decide to prescribe a beta blocker for prophylaxis and ergotamine for acute attacks².
3. After six months and increased doses of the beta blocker, you reassess the patient. She suffers fewer migraines but states that they are still causing her to miss work.
4. At this point you may write a **PBS prescription** for a triptan.



* For an electronic copy of this information sheet please visit:
www.medicareaustralia.gov.au/providers/publications_guidelines/medical_practitioners.htm

- 1 Aspirin may not be appropriate for all patients
- 2 Read the prescribing information before treating your patient with an ergot alkaloid or a beta blocker