



## Prior Authorization Approval Criteria

### *Amerge (naratriptan)*

<b>Generic name:</b>	Naratriptan
<b>Brand name:</b>	Amerge
<b>Medication class:</b>	5HT1 antagonist
<b>FDA-approved use:</b>	Short-term treatment of migraine headaches
<b>Usual dose:</b>	1 mg or 2.5 mg tablet at onset of headache; dose may be repeated in 4 hours. Maximum dose of 5 mg in a 24-hour period.
<b>Duration of therapy:</b>	Indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Patient has clinically documented migraine headaches
- Patient is over 18 years of age
- Patient has failed/intolerant to FCHP-preferred alternatives
- Patient is not taking naratriptan chronically

**Contraindications:**

- Ischemic cardiac syndromes (angina, MI)
- Cerebrovascular syndromes (stroke, TIAs)
- Peripheral vascular syndromes (ischemic bowel disease)
- Significant underlying cardiovascular diseases
- Uncontrolled hypertension
- Severe renal impairment (crcl <15ml/min)
- Severe hepatic impairment
- Hemiplegic or basilar migraine
- Hypersensitivity to naratriptan or any of its components

**Not approved if:**

- Patient has any contraindications to naratriptan
- OR**
- Patient has not tried any FCHP-preferred alternatives.

**Special considerations:**

- Approval will be for 9 tablets per month. Larger quantities will require documentation of need from the prescribing physician.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_