

## Sumatriptan Injection and Nasal Spray Drug Use Criteria

Created: May 2017

Reviewed: May 2019, December 2021

Includes:

**Imitrex Injection®**

*Sumatriptan Injection*

**Imitrex Nasal Spray®**

*Sumatriptan Nasal Spray*

### **GUIDELINE FOR USE:**

#### **Initial Request:**

1. Is the medication being used for treatment of migraine headaches?
  - a. If yes, continue to 2
  - b. If no, deny as not meeting criteria. Off label use of medication is not a funded benefit on Oregon Health Plan.
  
2. Has the patient trialed optimized dosing of formulary sumatriptan tablets or rizatriptan tablets? supported by prescription fill history review in MedAccess?
  - a. If yes, go to 3.
  - b. If no, deny as not meeting criteria. Please trial formulary, least costly alternatives of sumatriptan or rizatriptan tablets.
  
3. Does the patient have any contraindications to sumatriptan therapy? (see below contraindications from FDA approved package insert)
  - a. If yes, deny as not meeting criteria. Off label use of medication is not a covered benefit on OHP.
  - b. If no, go to 4
  
4. Is the requested dose of medication consistent with the FDA approved prescribing information?
  - a. If yes, approve for 3 fills with limit of one box of #2 injections per 30-day supply. Monthly quantity limits are in place to prevent over-use or rebound headaches.
  - b. If no, deny as not meeting criteria. Off label use of medication is not a covered benefit on OHP.

#### **Renewal Request:**

1. Is there clinical documentation supporting response to therapy?
  - a. If yes, approve for requested duration of therapy up to 12 fills with a limit of one box of #2 injections per 30-day supply.
  - b. If no, deny as not meeting criteria. Documented effectiveness of therapy is required for continued coverage.

Approved by WOAHP Pharmacy and Therapeutics Committee 5/22/17

Approved by Advanced Health Pharmacy and Therapeutics Committee 5/13/19, 1/7/21

**Rationale:**

To promote use of the least costly formulary products for acute treatment of migraine.

**FDA Approved Indication:**

<b>Generic Name (Brand Name)</b>	<b>FDA Approved Indications</b>
<i>Sumatriptan Injection (Imitrex®)</i>	Acute treatment of migraine with or without aura in adults; Acute treatment of cluster headache in adults
<i>Sumatriptan Nasal Spray (Imitrex®)</i>	Acute treatment of migraine with or without aura in adults

**Mechanism of Action:**

Sumatriptan is a serotonin (5-HT 1B/1D) receptor agonist (triptan).

**Dosing:**

Sumatriptan Nasal Spray may be administered as a single dose of 5mg, 10mg, or 20 mg. A second dose should only be considered if some response to the first dose was observed. Separate doses by at least 2 hours. Maximum dose in 24-hour period is 40mg.

Sumatriptan Injection is indicated for subcutaneous use only. A single dose of 1mg to 6mg for acute treatment of migraine headache. Single dose of 6mg for acute treatment of cluster headache. Maximum dose in a 24-hour period is 12mg separate doses by at least 1 hour.

**Contraindications:**

- History of coronary artery disease or coronary artery vasospasm
- Wolff-Parkinson-White syndrome or other cardiac accessory conduction pathway disorder
- History of stroke, transient ischemic attack, or hemiplegic or basilar migraine
- Peripheral vascular disease
- Ischemic Bowel Disease
- Uncontrolled Hypertension
- Recent (within 24 hours) use of another 5-HT<sub>1</sub> agonist or of an ergotamine containing medication
- Concurrent or recent (past 2 weeks) use of MOA-inhibitor
- Hypersensitivity to sumatriptan (angioedema or anaphylaxis seen)
- Severe hepatic impairment

**References:**

1. Imitrex® (sumatriptan succinate) Injection Prescribing Information. Revised 7/2018. Accessed 12/20/2021.
2. Imitrex® (sumatriptan) Nasal Spray Prescribing Information. Revised 12/2017. Accessed 12/20/2021.
3. Oregon Administrative Rule 410-120-1200(2)(n)

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