

## Commercial/Healthcare Exchange PA Criteria

*Effective: September 2010*

**Prior Authorization:** Sumavel DosePro

**Products Affected:** Sumavel DosePro (sumatriptan) needle-free subcutaneous injection

**Medication Description:** Sumavel DosePro is a prefilled, single-dose, needle-free subcutaneous delivery system delivering 0.5 mL of sterile solution containing 4 mg or 6 mg sumatriptan (as the succinate salt). Sumavel DosePro contains sumatriptan succinate, a selective 5-HT<sub>1B/1D</sub> receptor agonist indicated in adults for (1) the acute treatment of migraine, with or without aura, and (2) the acute treatment of cluster headache.

**Covered Uses:**

1. Acute treatment of migraine, with or without aura
2. Acute treatment of cluster headache

**Exclusion Criteria:**

1. Prevention of migraine attacks
2. Patients with ischemic coronary artery disease (CAD) (angina pectoris, history of myocardial infarction, or documented silent ischemia) or coronary artery vasospasm, including Prinzmetal's angina
3. Patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders
4. Patients with a history of stroke or transient ischemic attack (TIA) because these patients are at a higher risk of stroke
5. Patients with a history of hemiplegic or basilar migraine
6. Patients with peripheral vascular disease
7. Patients with ischemic bowel disease
8. Patients with uncontrolled hypertension
9. Patients with recent (i.e., within 24 hours) use of ergotamine-containing medication, ergot-type medication (such as dihydroergotamine or methysergide), or another 5-hydroxytryptamine<sub>1</sub> (5-HT<sub>1</sub>) agonist
10. Concurrent administration of a monoamine oxidase (MAO)-A inhibitor or recent (within 2 weeks) use of an MAO-A inhibitor

**Required Medical Information:**

1. Diagnosis
2. Past medication trials

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** Prescribed by, or in consultation with, a neurologist or pain management specialist.

**Coverage Duration:** 12 months

**Other Criteria:**

1. Patient has a documented diagnosis of migraine or cluster headache; AND
2. Patient experiences at least two headaches per month; AND

3. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of an oral triptan (sumatriptan, frovatriptan, rizatriptan, etc.) AND generic sumatriptan subcutaneous injection.

\*ConnectiCare does not consider needle-phobia to be a clinical reason to use Sumavel DosePro over injectable medications.

**References:**

- I. Product Information: Sumavel(R) DosePro(R) subcutaneous injection solution, sumatriptan succinate subcutaneous injection solution. Zogenix, Inc. (per FDA), San Diego, CA, 2013.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	Policy Update	CCI adoption of EH template and criteria.  CCI P&T Review History: 9/10, 12/11, 4/12, 10/12, 10/13, 10/14, 11/15, 5/16, 8/16, 11/16, 2/17, 1/18  CCI Revision Record: 4/12, 8/16, 11/16	All	10/15/2019