

Commercial/Healthcare Exchange PA Criteria

Effective: November 13, 2019

Prior Authorization: Tosymra

Products Affected: Tosymra (sumatriptan) Nasal Spray

Medication Description:

The “triptans” are 5HT-1B/1D receptor agonists used to treat acute migraine and acute cluster headaches. These drugs are used to effectively and quickly relieve headache pain, sensitivity to light and noise, and nausea and vomiting associated with migraines. The triptans have varying onset and durations of action. A non-oral formulation, such as a nasal spray or injection, is recommended for patients with severe nausea and vomiting, those who awaken with a migraine, or those with a rapid escalation of pain intensity. Two triptans (sumatriptan, zolmitriptan) are marketed as nasal sprays.

Covered Uses: Acute treatment of migraine with or without aura in adults

Exclusion Criteria:

1. Ischemic coronary artery disease (CAD) (angina pectoris, history of myocardial infarction, or documented silent ischemia) or coronary artery vasospasm, including Prinzmetal’s angina
2. Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders
3. History of stroke or transient ischemic attack (TIA) or history of hemiplegic or basilar migraine because these patients are at a higher risk of stroke
4. Peripheral vascular disease
5. Ischemic bowel disease
6. Uncontrolled hypertension
7. Recent use (i.e., within 24 hours) of ergotamine-containing medication, ergot-type medication (such as dihydroergotamine or methysergide), or another 5-hydroxytryptamine₁ (5-HT₁) agonist
8. Concurrent administration of a monoamine oxidase (MAO)-A inhibitor or recent (within 2 weeks) use of an MAO-A inhibitor
9. Hypersensitivity to sumatriptan
10. Severe hepatic impairment

Required Medical Information:

1. Diagnosis
2. Previous medications tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restriction: N/A

Coverage Duration: 12 months

Other Criteria:

- A. The member has a diagnosis of acute treatment of migraine with or without aura; **AND**
- B. The member has a history of failure of TWO of the following generic oral triptan agents: almotriptan, naratriptan, rizatriptan, sumatriptan succinate, zolmitriptan ODT, zolmitriptan, eletriptan, or frovatriptan; **AND**
- C. The member has a history of failure of Zomig nasal spray.

References:

- 1. Tosymra (sumatriptan nasal spray) [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; July 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/13/2019