



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** sumatriptan

**Brand Name:** Imitrex

**Medication Class:** Serotonin (5-HT1) receptor agonist

**FDA Approved Uses:** migraine headaches

**Available Dosage Forms:** 25mg, 50mg, 100mg tablets  
5mg, 20mg nasal spray  
4mg, 6mg SC injection

**Usual Dose:** Oral tablets: 25, 50 and 100mg per headache, may be repeated 2 hours after first dose, maximum of 200mg/day

Nasal spray: 5 or 20mg per headache, may repeat 2 hours after first dose, maximum 40mg/day.

Injection: 6mg SC per headache, may repeat 1 hour after first dose, maximum 12mg/day.

\*Safety of treating more than 4 headaches per 30 days has not been examined.

**Duration of Therapy:** indefinite

**Approximate monthly cost** (based on AWP 2008): 50mg or 100mg, 9 tablets \$217.89  
20mg, 6 inhalers \$213.44  
6mg, 4 syringes/cartridges \$355.03

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

- Clinically diagnosed migraine headaches
- Failed/ intolerant to 2 FCHP preferred alternative products (triptans)
- 18 years of age or older
- Treatment is for 4 headaches a month or less. If requested quantities are greater than the manufacturer recommendation, the request must be submitted with documentation as to why larger quantities are required, including all applicable criteria as indicated in the "Excess Quantity Limit criteria".

**Contraindications:**

- History, symptoms, or signs of ischemic cardiac disease, peripheral vascular disease, uncontrolled hypertension.
- Within 24 hrs of ergot-type drugs or within 2 weeks of discontinuing MAOIs
- Basilar headaches or hemiplegic migraine
- Patient has severe hepatic impairment
- Hypersensitivity to sumatriptan or any of its components.



**Not approved if:**

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of sumatriptan.

**Step Therapy Requirements:**

- 2 different formulary triptans (Currently: Relpax, Zomig, Axert, Frova, Maxalt)

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_