

ZECUITY (sumatriptan iontophoretic transdermal)

Diagnosis Considered for Coverage:

- Acute treatment of migraine attacks

Coverage Criteria:

For diagnosis listed above:

- Total number of tablets requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Patient is not taking it together with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Inadequate response or intolerable side effect with 2 of the following preferred oral triptans: naratriptan (Amerge), rizatriptan (Maxalt), sumatriptan (Imitrex), zolmitriptan (Zomig), **and**
- Inadequate response to both injectable and nasal sumatriptan, or intolerable side effect or contraindication to both injectable and nasal sumatriptan that is not expected with Zecuity, **and**
- Dose does not exceed 4 patches per month

Coverage Duration: length of benefit

Effective: 10/15/2015