

sumatriptan pen auto-injector (ZEMBRACE SYMTOUCH)

Diagnosis Considered for Coverage:

- Acute treatment of migraine attacks
- Cluster Headaches

Coverage Criteria:

1. For treatment of migraine headaches AND up to 16 injection units (8 kits) per month:

- Patient is not taking sumatriptan injection along with another triptan, Imitrex nasal spray, or an ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Inadequate response, intolerable side effects, or contraindication with preferred injectable sumatriptan (Imitrex) formulations, **and**
- Dose does not exceed FDA approved dosing.

2. For treatment of migraine headaches AND more than 16 injection units (8 kits) per month:

- Patient is currently being followed by a neurologist or at a headache clinic, **and**
- Inadequate response, intolerable side effects, or contraindication with preferred injectable sumatriptan (Imitrex) formulations, **and**
- Patient is not taking sumatriptan injection along with another triptan, Imitrex nasal spray, or an ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- One of the following:
 - Patient is currently taking a migraine prophylactic medication including an anticonvulsant, or antidepressant, or beta-blockers, OR
 - Contradiction to all agents including divalproex, valproate, topiramate, amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, and timolol, **and**
- Total number of injections requested per month does not exceed quantity needed to treat the number of headache days experienced per month, **and**
- Dose does not exceed FDA approved dosing.

Coverage Duration: One year

3. For diagnosis of cluster headache:

- Recommended by a neurologist or a headache specialist, **and**

- Inadequate response, intolerable side effects, or contraindication with preferred injectable sumatriptan (Imitrex) formulations, **and**
- Patient is not taking sumatriptan injection along with another triptan, Imitrex nasal spray, or an ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Patient is currently taking a prophylactic medication recognized for use in cluster headaches from the following list: prednisone, dexamethasone, verapamil, lithium or topiramate OR contradiction to all agents above recognized as being efficacious for cluster headache prophylaxis, **and**
- Dose does not exceed FDA approved dosing.

Coverage Duration: 3 months

References:

1. Zembrace® SymTouch®(sumatriptan succinate) [Prescribing Information]. Upsher-Smith Laboratories, LLC, Maple Grove, MN. 2/2021.

Effective Date: 11/29/2023