**New Zealand Data Sheet**

**Arrow - Sumatriptan**
Sumatriptan Injection 6mg/0.5mL

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**Presentation**

ARROW – SUMATRIPTAN Injection 6mg/0.5mL is a clear, colourless to pale yellow solution in a prefilled syringe.

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**Uses**

**Actions**

**Pharmacodynamics**

Sumatriptan has been demonstrated to be a selective vascular 5-hydroxytryptamine-1-(5HT1D) receptor agonist with no effect at other 5HT receptor (5HT2 -5HT7) subtypes. The vascular 5HT1D receptor is found predominantly in cranial blood vessels and mediates vasoconstriction.

In animals sumatriptan selectively constricts the carotid arterial circulation, but does not alter cerebral blood flow. The carotid arterial circulation supplies blood to the extracranial and intracranial tissues such as the meninges and dilatation and/or oedema formation in these vessels is thought to be the underlying mechanism of migraine in man. In addition, experimental evidence suggests that sumatriptan inhibits trigeminal nerve activity. Both these actions may contribute to the antimigraine action of sumatriptan in humans.

Clinical response begins 10-15 minutes following a 6mg subcutaneous injection, and around 30 minutes following a 100mg oral dose.

**Pharmacokinetics**

The pharmacokinetics of oral sumatriptan do not appear to be significantly affected by migraine attacks.

**Absorption**

Following subcutaneous injection sumatriptan has a high mean bioavailability (96%) with peak serum concentrations occurring in 25 min. Average peak serum concentration after a 6 mg subcutaneous dose is 72 nanograms/ml.

**Distribution**

Plasma protein binding is low (14-21%); the mean total volume of distribution is 170 litres.
Metabolism

The major metabolite, the indole acetic acid analogue of sumatriptan is mainly excreted in urine, where it is present as a free acid and the glucuronide conjugate. It has no known 5HT1 or 5HT2 activity. Minor metabolites have not been identified.

Elimination

The elimination half-life is approximately 2 hours. The mean total plasma clearance is approximately 1160mL/min and the mean renal plasma clearance is approximately 260mL/min.

Non-renal clearance accounts for about 80% of the total clearance. Sumatriptan is eliminated primarily by oxidative metabolism mediated by monoamine oxidase A.

Indications

ARROW-SUMATRIPTAN Injection is indicated for the acute relief of migraine attacks with or without aura, and for the acute treatment of cluster headache.

Dosage and Administration

ARROW-SUMATRIPTAN Injection should not be used prophylactically.

It is recommended to start the treatment at the first sign of a migraine headache or associated symptoms such as nausea, vomiting or photophobia. The efficacy of sumatriptan is independent of the duration of the attack when starting treatment. Administration during a migraine aura prior to other symptoms occurring may not prevent the development of a headache.

ARROW-SUMATRIPTAN Injection should be injected subcutaneously. Patients should be advised to observe strictly the instruction leaflet for ARROW-SUMATRIPTAN Injection, especially regarding the safe disposal of syringes and needles.

Migraine

The recommended adult dose of ARROW-SUMATRIPTAN Injection is a single 6mg subcutaneous injection.

If a patient does not respond to the first dose of ARROW-SUMATRIPTAN, a second dose should not be taken for the same attack. ARROW-SUMATRIPTAN injection may be taken for subsequent attacks.

If the patient has responded to the first dose, but the symptoms recur a second dose may be given in the next 24 hours, provided that there is a minimum interval of one hour between the two doses.
The maximum dose in 24 hours is two 6mg injections (12mg).

**Cluster Headache**

The recommended adult dose of ARROW - SUMATRIPTAN Injection is a single 6mg subcutaneous injection for each cluster attack. The maximum dose in 24 hours is two 6mg injections (12mg) with a minimum interval of one hour between the two doses.

**Children (under 18 years of age)**

The safety and effectiveness of sumatriptan in children has not yet been established.

**Elderly (over 65)**

Experience of the use of sumatriptan in patients aged over 65 years is limited. The pharmacokinetics do not differ significantly from a younger population, but until further clinical data are available, the use of sumatriptan in patients aged over 65 years is not recommended.

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**Contraindications**

- Hypersensitivity to any component of the preparation.
- Sumatriptan should not be given to patients who have had a myocardial infarction or have ischaemic heart disease (IHD), Prinzmetal's angina/coronary vasospasm, peripheral vascular disease or patients who have symptoms or signs consistent with IHD.
- Sumatriptan should not be administered to patients with a history of previous cerebrovascular accident (CVA) or transient ischaemic attack (TIA).
- The use of sumatriptan in patients with uncontrolled hypertension is contraindicated.
- Sumatriptan should not be administered to patients with severe hepatic impairment.
- The concomitant use of ergotamine or derivatives of ergotamine (including methysergide) is contraindicated (see Interactions).
- Concurrent administration of monoamine oxidase inhibitors (MAOIs) and sumatriptan is contraindicated. Sumatriptan must not be used within two weeks of discontinuation of therapy with monoamine oxidase inhibitors.

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**Warnings and Precautions**

ARROW - SUMATRIPTAN Injection should only be used where there is a clear diagnosis of migraine or cluster headache.
ARROW - SUMATRIPTAN Injection should not be given intravenously.

Sumatriptan is not indicated for use in the management of hemiplegic, basilar or ophthalmoplegic migraine.

As with other acute migraine therapies, before treating headaches in patients not previously diagnosed as migraineurs, and in migraineurs who present with atypical symptoms, care should be taken to exclude other potentially serious neurological conditions. It should be noted that migraineurs may be at increased risk of certain cerebrovascular events (eg. cerebrovascular accident, transient ischaemic attack).

Following administration, sumatriptan can be associated with transient symptoms including chest pain and tightness which may be intense and involve the throat (see Adverse Effects). Where such symptoms are thought to indicate ischaemic heart disease appropriate evaluation should be carried out.

Sumatriptan should not be given to patients in whom unrecognised cardiac disease is likely without a prior evaluation for underlying cardiovascular disease. Such patients include postmenopausal women, males over 40 and patients with risk factors for coronary artery disease.

However, these evaluations may not identify every patient who has cardiac disease and, in very rare cases, serious cardiac events have occurred in patients without underlying cardiovascular disease.

Sumatriptan should be administered with caution to patients with controlled hypertension as transient increases in blood pressure and peripheral vascular resistance have been observed in a small proportion of patients.

There have been rare postmarketing reports describing patients with serotonin syndrome (including altered mental status, autonomic instability, neuromuscular abnormalities) following the use of a selective serotonin reuptake inhibitor (SSRI) and sumatriptan. Serotonin syndrome has been reported following concomitant treatment with triptans and serotonin noradrenaline reuptake inhibitors (SNRIs).

If concomitant treatment with sumatriptan and an SSRI/SNRI is clinically warranted, appropriate observation of the patient is advised (see Interactions).

The concomitant administration of any triptan/5-HT1 agonist with sumatriptan is not recommended.

Sumatriptan should be administered with caution to patients with conditions which may affect significantly the absorption, metabolism or excretion of the medicine, eg. impaired hepatic or renal function.

Sumatriptan should be used with caution in patients with a history of seizures or other risk factors which lower the seizure threshold.

Patients with known hypersensitivity to sulphonamides may exhibit an allergic reaction following administration of sumatriptan. Reactions may range from cutaneous hypersensitivity to anaphylaxis. Evidence of cross sensitivity is limited, however, caution should be exercised before using sumatriptan in these patients.
Overuse of acute migraine treatments has been associated with the exacerbation of headache (medication overuse headache, MOH) in susceptible patients. Withdrawal of the treatment may be necessary.

Reversible cerebral vasoconstriction syndrome (thunderclap headache) has been associated with serotonergic agents such as SSRIs or triptans.

The recommended dose of ARROW - SUMATRIPTAN should not be exceeded.

**Use in Pregnancy and Lactation**

Caution should be exercised by considering the expected benefit to the mother against possible risk to the foetus.

Post-marketing data from multiple prospective pregnancy registries have documented the pregnancy outcomes in over 1,000 women exposed to sumatriptan. Although there is insufficient information to draw definitive conclusions, the findings have not detected an increase in the frequency of birth defects nor a consistent pattern of birth defects, amongst women exposed to sumatriptan compared with the general population.

No teratogenic effects have been seen in rats or rabbits and sumatriptan had no effect on the post-natal development of rats.

When administered to pregnant rabbits throughout the period of organogenesis sumatriptan has occasionally caused embryolethality at doses which were sufficiently high to produce maternal toxicity.

It has been demonstrated that following subcutaneous administration sumatriptan is excreted into breast milk. Infant exposure can be minimised by avoiding breast feeding for 12 hours after treatment.

**Effects on ability to drive or operate machinery**

Drowsiness may occur as a result of migraine or its treatment with sumatriptan.

Caution is recommended in patients performing skilled tasks, eg. driving or operating machinery.

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**Adverse Effects**

Adverse events are listed below by system organ class and frequency. Frequencies are defined as: very common (>1/10), common (>1/100, <1/10), uncommon (>1/1000, <1/100), rare (>1/10,000, <1/1000) and very rare (<1/10,000) including isolated reports. The data from clinical trials are estimates. It should be noted that the background rate in comparator groups was not taken into account. Post-marketing data refer to reporting rate rather than true frequency.

**Clinical Trial Data**

**Nervous System Disorders**
Common: Dizziness, drowsiness, sensory disturbance including paraesthesia and hypoaesthesia.

**Vascular disorders**

Common: Transient increases in blood pressure arising soon after treatment. Flushing.

**Respiratory, Thoracic and Mediastinal Disorders**

Common: Dyspnoea.

**Gastrointestinal Disorders**

Common: Nausea and vomiting occurred in some patients but the relationship to sumatriptan is not clear.

**Musculoskeletal and Connective Tissue Disorders**

The following symptom is usually transient and may be intense and can affect any part of the body including the chest and throat:

Common: Sensations of heaviness.

**General Disorders and Administration Site Conditions**

The following symptoms are usually transient and may be intense and can affect any part of the body including the chest and throat:

Common: Pain, sensations of heat or cold, pressure or tightness.

The following symptoms are mostly mild to moderate in intensity and transient:

Common: Feelings of weakness, fatigue.

**Investigations**

Very rare: Minor disturbances in liver function tests have occasionally been observed.

**Injection**

The most common side effects associated with treatment with sumatriptan administered by subcutaneous injection are:

**General Disorders and Administration Site Conditions**

Very common: Transient injection site pain.

Injection site stinging/burning, swelling, erythema, bruising and bleeding have also been reported.
Although direct comparisons are not available, flushing, paraesthesia and sensations of heat, pressure, and heaviness may be more common after sumatriptan injection.

Conversely, nausea, vomiting and fatigue appear to be less frequent with subcutaneous administration of sumatriptan injection than with tablets.

Post-Marketing Data

Immune System Disorders

Very rare: Hypersensitivity reactions ranging from cutaneous hypersensitivity to anaphylaxis.

Nervous System Disorders

Very rare: Seizures, although some have occurred in patients with either a history of seizures or concurrent conditions predisposing to seizures there are also reports in patients where no such predisposing factors are apparent.

Tremor, dystonia, nystagmus, scotoma.

Eye disorders

Very rare: Flickering, diplopia, reduced vision. Loss of vision (usually transient). However, visual disorders may also occur during a migraine attack itself.

Cardiac disorders

Very rare: Bradycardia, tachycardia, palpitations, cardiac arrhythmias, transient ischaemic ECG changes, coronary artery vasospasm, angina, myocardial infarction (see Contraindications, Warnings and Precautions).

Vascular disorders

Very rare: Hypotension, Raynaud's phenomenon.

Gastrointestinal Disorders

Very rare: Ischaemic colitis.

Interactions

There is no evidence of interactions with propanolol, flunarizine, pizotifen or alcohol.

Prolonged vasospastic reactions have been reported with ergotamine. As these effects may be additive, 24 hours should elapse before sumatriptan can be taken following any ergotamine containing preparation. Conversely, ergotamine containing preparations should not be taken until 6 hours have elapsed following sumatriptan administration.
An interaction may occur between sumatriptan and MAOIs and concomitant administration is contraindicated (see Contraindications). Rarely an interaction may occur between sumatriptan and SSRIs (see Warnings and Precautions).

There have been rare post-marketing reports describing patients with serotonin syndrome (including altered mental status, autonomic instability and neuromuscular abnormalities) following the use of SSRIs and sumatriptan. Serotonin syndrome has also been reported following concomitant treatment with triptans and SNRIs (see Warnings and Precautions).

**Overdosage**

There have been some reports of overdosage with sumatriptan injection.

Patients have received single injections of up to 12mg subcutaneously without significant adverse effects. Doses up to 16mg subcutaneously were not associated with side effects other than those mentioned.

If overdosage occurs, the patient should be monitored for at least ten hours and standard supportive treatment applied as required.

It is unknown what effect haemodialysis or peritoneal dialysis has on the plasma concentrations of sumatriptan.

**Pharmaceutical Precautions**

**Incompatibilities**
None reported.

**Special Precautions for Storage**
ARROW – SUMATRIPTAN Injection should be stored below 25°C, protected from light.

**Instructions for Use/Handling**
Patients should be advised to pay strict attention to the instruction leaflet for ARROW – SUMATRIPTAN Injection especially regarding the safe disposal of needles and syringes. Needles and syringes may be hazardous and should be disposed of safely and hygienically.

**Medicine Classification**

Prescription Medicine

**Package Quantities**

Each pack contains two prefilled syringes.
Further Information

Preclinical Safety Data

Sumatriptan was devoid of genotoxic and carcinogenic activity in *in-vitro* systems and animal studies.

In a rat fertility study oral doses of sumatriptan resulting in plasma levels approximately 150 times those seen in man after a 6mg subcutaneous dose were associated with a reduction in the success of insemination.

This effect did not occur during a subcutaneous study where maximum plasma levels achieved approximately 100 times those in man by the subcutaneous route.

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