



## DRUG QUANTITY MANAGEMENT POLICY – PER RX

**POLICY:** Migraine – Triptans Drug Quantity Management Policy – Per Rx

### **Injectable Triptans**

- Imitrex® (sumatriptan subcutaneous [SC] injection – GlaxoSmithKline, generic)
- sumatriptan SC injection (generic only [Brand Alsuma discontinued])
- Zembrace® SymTouch® (sumatriptan SC injection – Upsher-Smith)

### **Oral Triptans**

- almotriptan tablets (generics only)
- Amerge® (naratriptan tablets – GlaxoSmithKline, generic)
- Frova® (frovatriptan tablets – Endo, generic)
- Imitrex® (sumatriptan tablets – GlaxoSmithKline, generic)
- Maxalt® (rizatriptan tablets – Organon, generic)
- Maxalt MLT® (rizatriptan orally-disintegrating tablets – Organon, generic)
- Relpax® (eletriptan tablets – Pfizer, generic)
- RizaFilm™ (rizatriptan oral film – IntelGenx)
- Treximet® (sumatriptan and naproxen sodium tablets – Pernix, generic)
- Zomig® (zolmitriptan tablets – Amneal, generic)
- Zomig-ZMT® (zolmitriptan orally-disintegrating tablets – Amneal, generic)

### **Nasal Triptans**

- Imitrex® (sumatriptan nasal spray – GlaxoSmithKline, generic)
- Onzetra® Xsail® (sumatriptan nasal powder – Currax)
- Tosymra® (sumatriptan nasal spray – Promius/Upsher-Smith)
- Zomig® (zolmitriptan nasal spray – Amneal, generic)

**REVIEW DATE:** 12/20/2023

---

#### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE

REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## **CIGNA NATIONAL FORMULARY COVERAGE:**

### **OVERVIEW**

The above medications are approved and used for abortive therapy in treating **acute migraine headaches**.<sup>1-16</sup> In addition to treating acute migraine, injectable sumatriptan formulations are also indicated for treatment of cluster headaches.<sup>6,12</sup> Intranasal preparations of sumatriptan and zolmitriptan are also commonly used for this indication.<sup>17</sup>

Use of triptans can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.<sup>18</sup> Guidelines for the management of migraine recommend limiting acute therapy to < 2 days per week on a regular basis or 8 treatment days per month.<sup>18,19</sup> If a patient requires abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

### **Dosing and Availability**

Refer to the Drug Quantity Limits table below for dosing and availability information. Many of the acute headache medications are given as an initial dose that may then be repeated one or more times in a 24 hour period if needed.

### **Other Information**

Continuous use of triptan medications for prevention of migraine has been largely ineffective in clinical trials. Guidelines do recognize *intermittent, short-term* use of daily triptans for prevention of menstrual-associated migraine (MAM – migraine that occurs two days before and during the first two days of the menstrual cycle).<sup>20</sup> Frovatriptan has demonstrated efficacy when taken once- or twice-daily for up to six days perimenstrually and is recommended for short-term use in reducing the frequency of MAM (the initial quantity limit below accommodates this situation).<sup>20-22</sup> For the treatment of cluster headache, the American Headache Society guidelines (2016) recommend sumatriptan subcutaneous, zolmitriptan nasal spray, and high flow oxygen for acute treatment (Level A recommendation).<sup>17</sup> Sumatriptan nasal spray and zolmitriptan tablets are also recommended as probably effective (Level B recommendation).

In general, the quantity limits provided are adequate for one package per co-payment at retail or three packages per co-payment at home delivery. The override quantity is based upon providing a quantity adequate for two additional headaches per week for 4 weeks at maximum FDA-approved dose, rounded up to the nearest whole package size.

## Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the triptan migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

### Drug Quantity Limits

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
<b>Injectable Triptans</b>				
Imitrex® (sumatriptan SC injection, generic)	12 mg (2 x 6 mg injections) per 24 hours.	<ul style="list-style-type: none"> <li>• Prefilled single-dose syringe cartridges: 4 mg/0.5 mL and 6 mg/0.5 mL</li> </ul> Each STATdose system contains 1 STATdose pen, 2 prefilled single-dose syringe cartridges, and 1 carrying case. <ul style="list-style-type: none"> <li>• Prefilled autoinjectors: 4 mg/0.5 mL and 6 mg/0.5 mL</li> </ul> Vials: 6 mg/0.5 mL	2 autoinjectors/ syringe cartridges/ vials (1 mL/1 kit)	6 autoinjectors/ syringe cartridges/ vials (3 mL/3 kits)
sumatriptan SC injection (generics only – brand Alsuma discontinued)	12 mg (2 x 6 mg injections) per 24 hours.	Prefilled autoinjectors: 6 mg/0.5 mL Each kit contains 2 prefilled autoinjectors.	2 autoinjectors (1 mL/1 kit)	6 autoinjectors (3 mL/3 kits)
Zembrace® SymTouch® (sumatriptan SC injection)	12 mg (4 x 3 mg injections) per 24 hours.	SymTouch prefilled autoinjector: 3 mg/0.5 mL Each kit contains 4 autoinjectors.	4 prefilled autoinjectors (2 mL/1 kit)	12 prefilled autoinjectors (6 mL/3 kits)

### Drug Quantity Limits (continued)

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
<b>Oral Triptans</b>				
almotriptan tablets (generic only)	25 mg (2 x 12.5 mg tablets) per 24 hours.	Tablets: 6.25 mg Each blister pack contains 6 tablets	6 tablets	18 tablets
		Tablets: 12.5 mg Each blister pack contains 12 tablets	12 tablets	36 tablets

<b>Drug Name</b>	<b>Maximum Dosing</b>	<b>Availability</b>	<b>Retail Maximum Quantity per Rx*</b>	<b>Home Delivery Maximum Quantity per Rx</b>
Amerge® (naratriptan tablets, generic)	5 mg (2 x 2.5 mg tablets) per 24 hours.	Tablets: 1 mg, 2.5 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Frova® (frovatriptan tablets, generic)	7.5 mg (3 x 2.5 mg tablets) per 24 hours.	Tablets: 2.5 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Imitrex® (sumatriptan tablets, generics)	200 mg (2 x 100 mg tablets) per 24 hours.	Tablets: 25 mg, 50 mg, 100 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Maxalt® (rizatriptan tablets, generic)	30 mg (3 x 10 mg tablets) per 24 hours.	Tablets: 5 mg, 10 mg Brand Maxalt only available in 10 mg strength. Each carton contains 18 tablets	18 tablets	54 tablets
Maxalt MLT® (rizatriptan orally-disintegrating tablets, generic)	30 mg (3 x 10 mg orally-disintegrating tablets) per 24 hours.	Orally-disintegrating Tablets: 5 mg, 10 mg Brand Maxalt MLT only available in 10 mg strength. Each carton contains 18 tablets total (6 unit of use carrying case of 3 orally disintegrating tablets)	18 tablets	54 tablets
RizaFilm® (rizatriptan oral film)	30 mg (3 x 10 mg films) per 24 hours.	Oral film: 10 mg Each carton contains either 6, 12, or 18 individually packaged films.	18 films	54 films
Relpax® (eletriptan tablets, generic)	80 mg (2 x 40 mg tablets) per 24 hours.	Tablets: 20 mg, 40 mg Each carton contains 12 tablets (2 blister packs of 6 tablets each)	6 tablets	18 tablets

<b>Drug Name</b>	<b>Maximum Dosing</b>	<b>Availability</b>	<b>Retail Maximum Quantity per Rx*</b>	<b>Home Delivery Maximum Quantity per Rx</b>
Treximet® (sumatriptan and naproxen sodium tablets, generic)	<p><u>Adults:</u> 2 x 85 mg/500 mg tablets per 24 hours.</p> <p><u>Pediatric patients 12 to 17 years of age:</u> 1 x 85 mg/500 mg tablet per 24 hours. An initial dose of 1 x 10 mg/60 mg tablet is recommended. However, the 10 mg/60 mg tablets are no longer available.</p>	Tablets: 85 mg/500 mg Each bottle contains 9 tablets	9 tablets	27 tablets

### **Drug Quantity Limits (continued)**

<b>Drug Name</b>	<b>Maximum Dosing</b>	<b>Availability</b>	<b>Retail Maximum Quantity per Rx*</b>	<b>Home Delivery Maximum Quantity per Rx</b>
<b>Oral Triptans (continued)</b>				
Zomig® (zolmitriptan tablets, generic)	10 mg (2 x 5 mg tablets) per 24 hours.	Tablets: 2.5 mg, 5 mg Each carton contains either a blister pack of 6 x 2.5 mg tablets or 3 x 5 mg tablets.	6 tablets	18 tablets
Zomig-ZMT® (zolmitriptan orally-disintegrating tablets, generic)	10 mg (2 x 5 mg orally-disintegrating tablets) per 24 hours.	Orally-disintegrating tablets: 2.5 mg, 5 mg Each carton contains either a blister pack of 6 x 2.5 mg orally-disintegrating tablets or 3 x 5 mg orally-disintegrating tablets.	6 tablets	18 tablets
<b>Nasal Triptans</b>				
Imitrex® (sumatriptan nasal spray, generic)	<u>5 mg nasal spray:</u> 20 mg (4 units) per 24 hours.	Unit Dose Nasal Spray Devices: 5 mg Each box contains 6 devices.	6 unit dose spray devices (1 box)	18 unit dose spray devices (3 boxes)
	<u>20 mg nasal spray:</u> 40 mg (2 units) per 24 hours.	Unit Dose Nasal Spray Devices: 20 mg Each box contains 6 devices.	6 unit dose spray devices (1 box)	18 unit dose spray devices (3 boxes)

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
Onzetra® Xsail® (sumatriptan nasal powder)	44 mg (4 x 11 mg nosepieces]) per 24 hours.	Disposable nosepiece containing a capsule and a reusable breath-powered delivery device body: 11 mg each. Each kit contains 8 pouches with 2 nose pieces per pouch.	16 nose pieces (1 kit)	48 nose pieces (3 kits)
Tosymra® (sumatriptan nasal spray)	30 mg (3 units [sprays]) per 24 hours.	Single-Dose Nasal Spray Unit: 10 mg Each carton contains 6 units.	6 units (1 carton)	18 units (3 cartons)
Zomig® (zolmitriptan nasal spray, generic)	10 mg (2 x 5 mg units [sprays]) per 24 hours.	Single-Dose Nasal Spray Unit: 2.5 mg, 5 mg Each box contains 6 units	6 single-dose nasal spray units (1 box)	18 single-dose nasal spray units (3 boxes)

\*Corresponds with number of units per whole package size with the exception of Zomig 5 mg in which 6 tablets equals 2 packages.

**Migraine – Triptans Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

## CRITERIA

### **Injectable Triptans**

Sumatriptan 4 mg/0.5 mL and 6 mg/0.5 mL autoinjectors/syringes/cartridges/vials (Imitrex, generic) and Sumatriptan 6 mg/0.5 mL autoinjectors (generic only, brand Alsuma discontinued)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 16 autoinjectors, syringes, cartridges, or vials (8 mL/8 kits) per dispensing at retail or 48 autoinjectors, syringes, cartridges, or vials (24 mL/24 kits) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 16 autoinjectors, syringes, cartridges, or vials (8 mL/8 kits) per dispensing at retail or 48 autoinjectors, syringes, cartridges, or vials (24 mL/24 kits) per dispensing at home delivery.

### Zembrace SymTouch 3 mg/0.5 mL autoinjector

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 32 autoinjectors (16 mL/8 kits) per dispensing at retail or 96 autoinjectors (48 mL/24 kits) per dispensing at home delivery.

2. If the patient has a diagnosis of cluster headaches, approve 32 autoinjectors/syringes/vials (16 mL/8 kits) per dispensing at retail or 96 autoinjectors, syringes, or vials (48 mL/24 kits) per dispensing at home delivery.

### **Oral Triptans**

#### Almotriptan 6.25 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

#### Almotriptan 12.5 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 tablets per dispensing at retail or 72 tablets per dispensing at home delivery.

#### Naratriptan 1 mg and 2 mg tablets (Amerge, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

#### Frovatriptan 2.5 mg tablets (Frova, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 27 tablets per dispensing at retail or 81 tablets per dispensing at home delivery.

#### Sumatriptan 25 mg, 50 mg, and 100 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

#### Rizatriptan 5 mg and 10 mg tablets (Maxalt, generic) and Rizatriptan 5 mg and 10 mg orally-disintegrating tablets (Maxalt MLT, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 tablets per dispensing at retail or 108 tablets per dispensing at home delivery.

#### RizaFilm 10 mg oral films

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 films per dispensing at retail or 72 films per dispensing at home delivery.

Eletriptan 20 mg and 40 mg tablets (Relpax, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Treximet 85 mg/500 mg tablets (Treximet, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 2.5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 2.5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

**Nasal Triptans**

Sumatriptan 5 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.

Sumatriptan 20 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.



### Onzetra Xsail 11 mg nose pieces

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.

### Tosymra 10 mg single-dose nasal spray units

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery..
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery.

### Zolmitriptan 2.5 mg and 5 mg single-dose nasal spray units (Zomig, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.

## **REFERENCES**

1. Almotriptan tablets [prescribing information]. Morgantown, WV: Mylan; May 2017.
2. Relpax® tablets [prescribing information]. New York, NY: Pfizer Roerig; March 2020.
3. Frova® tablets [prescribing information]. Malvern, PA; Endo; August 2018.
4. Amerge® tablets [prescribing information]. Research Park Triangle, NC: GlaxoSmithKline; October 2020.
5. Maxalt® tablets/Maxalt-MLT® orally-disintegrating tablets [prescribing information]. Jersey City, NJ: Organon; June 2022.
6. Imitrex® subcutaneous injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2021.
7. Imitrex® nasal spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2017.
8. Imitrex® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2020.
9. Zomig® tablets/Zomig-ZMT™ orally disintegrating tablets [prescribing information]. Bridgewater, NJ: Amneal; May 2019.
10. Zomig® nasal spray [prescribing information]. Bridgewater, NJ: Amneal Specialty; May 2019.
11. Treximet® tablets [prescribing information]. Morristown, NJ: Pernix; April 2022.
12. Sumatriptan injection [prescribing information]. North Wales, PA: Teva; December 2022.
13. Zembrace® SymTouch® subcutaneous injection [prescribing information]. Princeton, NJ: Upsher-Smith; January 2023.
14. Onzetra® Xsail® nasal powder [prescribing information]. Morristown, NJ: Currax; July 2021.

15. Tosymra® nasal spray [prescribing information]. Princeton, NJ: Promius; January 2019.
16. RizaFilm™ oral films [prescribing information]. Saint-Laurent, Quebec, Canada: IntelGenx; April 2023.
17. Robbins MS, Starling AJ, Pringsheim TM, et al. Treatment of Cluster Headache: The American Headache Society Evidence-Based Guidelines. *Headache*. 2016;56(7):1093-1106.
18. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
19. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.
20. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012;78:1337-1345
21. Silberstein SD, Elkind AH, Schreiber C, et al. A randomized trial of frovatriptan for the intermittent prevention of menstrual migraine. *Neurology*. 2004;63(2):261-269.
22. Brandes JL, Poole Ac, Kallela M, et al. Short-term frovatriptan for the prevention of difficult-to-treat menstrual migraine attacks. *Cephalalgia*. 2009;29(11):1133-48.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. No criteria changes.	12/07/2022
Selected Revision	<b>RizaFilm 10 mg oral films:</b> New quantity limit for the RizaFilm 10 mg oral films of 18 films per dispensing at retail or 54 films per dispensing at home delivery was added to the policy. Exception criteria added to approve 24 films per dispensing at retail or 72 films per dispensing at home delivery if the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis).	05/10/2023
Annual Revision	<b>Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 mg tablets (Zomig-ZMT):</b> New exception criteria were added to approve an exception for 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery if the patient has a diagnosis of cluster headaches.	12/20/2023

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2023 Cigna