Effective Date **1/1/2025**
Coverage Policy Number **IP0029**

Migraine Treatment

Table of Contents

Related Coverage Resources

Calcitonin Gene-Related Peptide (CGRP) Inhibitors
Multi-Source Brand Name Drugs
Quantity Limitations
Step Therapy – Legacy Prescription Drug Lists (Employer Group Plans)

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. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. 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.

Overview

This policy supports medical necessity review for Formulary Exceptions to the following Anti-Migraine Products:

- **Amerge®** (naratriptan tablets)
- **Cambia®** (diclofenac powder packet)
- **D.H.E. 45®** (dihydroergotamine mesylate injection)
- **Diclofenac powder packet**
- **Ergomar®** (ergotamine 2 mg sublingual tablet)
- **Frova®** (frovatriptan tablets)
- **Imitrex®** (sumatriptan injection)
- **Imitrex®** (sumatriptan nasal spray)
- **Imitrex®** (sumatriptan tablets)
- **Maxalt®** (rizatriptan tablets)
- **Maxalt MLT®** (rizatriptan orally-disintegrating tablets)
- **Onzetra® Xsail®** (sumatriptan nasal powder)
- **Relpax®** (eletriptan tablets)

- **Tosymra™** (sumatriptan nasal spray)
- **Treximet®** (sumatriptan and naproxen sodium tablets)
- **Zembrace™ SymTouch™** (sumatriptan injection)
- **Zomig®** (zolmitriptan nasal spray)
- **Zomig®** (zolmitriptan tablets)
- **Zomig-ZMT®** (zolmitriptan orally-disintegrating tablets)

Medical Necessity Criteria

Coverage criteria are listed for products **in below table:**

Product	Criteria
Amerge (naratriptan tablets)	Naratriptan (Amerge) is considered medically necessary for the treatment of Acute Migraine when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **naratriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral rizatriptan e. oral sumatriptan f. oral zolmitriptan
	Naratriptan (Amerge) is considered medically necessary for the prevention of menstrually-associated migraine (MAM) when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **naratriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. oral frovatriptan b. oral zolmitriptan
Cambia (diclofenac powder packet)	Diclofenac powder packet (Cambia) is considered medically necessary for the treatment of Acute Migraine when the individual meets **ALL** of the following criteria: 1. 18 years of age or older 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. diclofenac tablets b. diclofenac delayed release tablets
Diclofenac powder packet	Diclofenac powder packet is considered medically necessary for the treatment of Acute Migraine when the individual meets **ALL** of the following criteria: 1. 18 years of age or older 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. diclofenac tablets b. diclofenac delayed release tablets

Product	Criteria
D.H.E. 45 (dihydroergotamine mesylate injection)	**BOTH** of the following: 1. Documentation the individual has tried **dihydroergotamine mesylate injection** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to sumatriptan injection (generic for Imitrex injection)
Ergomar (ergotamine sublingual tablet)	Documentation of failure, contraindication, or intolerance to **FIVE** of the following: 1. oral almotriptan 2. oral eletriptan 3. oral frovatriptan 4. oral naratriptan 5. oral rizatriptan 6. oral sumatriptan 7. oral zolmitriptan
Frova (frovatriptan tablets)	Frovatriptan (Frova) is considered medically necessary for the treatment of Acute Migraine when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **frovatriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral naratriptan d. oral rizatriptan e. oral sumatriptan f. oral zolmitriptan
	Frovatriptan (Frova) is considered medically necessary for the for the prevention of menstrually-associated migraine (MAM) when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **frovatriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. oral naratriptan b. oral zolmitriptan
Imitrex (sumatriptan injection)	Documentation the individual has tried **sumatriptan injection** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction
Imitrex (sumatriptan nasal spray)	Documentation the individual has tried **sumatriptan nasal spray** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction
Imitrex (sumatriptan tablets)	**BOTH** of the following: 1. Documentation the individual has tried **sumatriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation

Product	Criteria
	difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral naratriptan e. oral rizatriptan f. oral zolmitriptan
Maxalt (rizatriptan tablets)	**BOTH** of the following: 1. Documentation the individual has tried **rizatriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral naratriptan e. oral sumatriptan f. oral zolmitriptan
Maxalt MLT (rizatriptan orally-disintegrating tablets)	**BOTH** of the following: 1. Documentation the individual has tried **rizatriptan orally-disintegrating tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral naratriptan e. oral sumatriptan f. oral zolmitriptan
Onzetra Xsail (sumatriptan nasal powder)	Documentation of failure, contraindication, or intolerance to sumatriptan nasal spray (generic for Imitrex nasal spray)
Relpax (eletriptan tablets)	**BOTH** of the following: 1. Documentation the individual has tried **eletriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral frovatriptan c. oral naratriptan d. oral rizatriptan e. oral sumatriptan f. oral zolmitriptan

Product	Criteria
Tosymra (sumatriptan nasal spray)	Documentation of failure or intolerance to sumatriptan nasal spray (generic for Imitrex nasal spray)
Treximet (sumatriptan and naproxen sodium tablets)	Documentation the individual has tried **sumatriptan and naproxen sodium tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction
Zembrace SymTouch (sumatriptan succinate auto-injector)	Documentation of failure or intolerance to sumatriptan injection (generic for Imitrex injection)
Zomig (zolmitriptan nasal spray)	**ONE** of the following: 1. Individual is 12 to 17 years of age: approve 2. Individual is 18 years of age or older: a. Documentation of failure, contraindication, or intolerance to sumatriptan nasal spray (generic for Imitrex nasal spray)
zolmitriptan nasal spray	**ONE** of the following: 1. Individual is 12 to 17 years of age: approve 2. Individual is 18 years of age or older: a. Documentation of failure, contraindication, or intolerance to sumatriptan nasal spray (generic for Imitrex nasal spray)
Zomig (zolmitriptan tablets)	Zolmitriptan (Zomig) is considered medically necessary for the treatment of Acute Migraine when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **zolmitriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral naratriptan e. oral rizatriptan f. oral sumatriptan Zolmitriptan (Zomig) is considered medically necessary for the for the prevention of menstrually-associated migraine (MAM) when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **zolmitriptan tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. oral frovatriptan b. oral naratriptan
Zomig ZMT (zolmitriptan orally-disintegrating tablets)	Zolmitriptan orally-disintegrating tablets (Zomig ZMT) is considered medically necessary for the treatment of Acute Migraine when the individual meets **BOTH** of the following criteria:

Product	Criteria
	1. Documentation the individual has tried **zolmitriptan orally-disintegrating tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **FOUR** of the following: a. oral almotriptan b. oral eletriptan c. oral frovatriptan d. oral naratriptan e. oral rizatriptan f. oral sumatriptan
	Zolmitriptan orally-disintegrating tablets (Zomig ZMT) is considered medically necessary for the for the prevention of menstrually-associated migraine (MAM) when the individual meets **BOTH** of the following criteria: 1. Documentation the individual has tried **zolmitriptan orally-disintegrating tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction 2. Documentation of failure, contraindication, or intolerance to **BOTH** of the following: a. oral frovatriptan b. oral naratriptan

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Continuation of Therapy

Continuation of anti-migraine products is considered medically necessary when the above medical necessity criteria are met AND beneficial response is demonstrated.

Authorization Duration

Initial approval duration is up to 12 months
Reauthorization approval duration is up to 12 months.

Conditions Not Covered

Any other use is considered experimental, investigational or unproven (criteria will be updated as new published data are available).

Background

OVERVIEW
All of the triptan medications, including Treximet (the combination sumatriptan-naproxen sodium agent), are indicated for the **treatment of migraine headache** with or without aura in adults and are not intended to be used as prophylactic migraine therapy or to manage hemiplegic or basilar migraine.[1-14] Only sumatriptan injection is approved for the treatment of cluster headache.[10] Safety and efficacy have not been established for treatment of

cluster headache for the oral dosage forms of all triptans.[1-8] Some of the triptan medications are also indicated for use in children and/or adolescents. Almotriptan is approved for the treatment of migraine headache pain in adolescent patients 12 to 17 years of age with a history of migraine attacks with or without aura usually lasting 4 hours or more (when untreated).[6] Rizatriptan is approved for the acute treatment of migraine with or without aura in patients ≥ 6 years of age.[3] Treximet and zolmitriptan nasal spray are approved for the acute treatment of migraine with or without aura in patients ≥ 12 years of age.[8,11]

Rizatriptan orally disintegrating tablets and zolmitriptan orally disintegrating tablets offer the convenience of not requiring liquids for oral administration.[4,5] Treximet offers the convenience of two agents (triptan and non-steroidal anti-inflammatory drug [NSAID]) with pharmacologically different mechanisms of action in one tablet.[9]

Migranal and Trudhesa, ergot alkaloids, are nasal sprays indicated for the **acute treatment of migraine headaches** in adults with or without aura.[15,16] Migranal and Trudhesa are not intended for the prophylactic therapy of migraine or for the management of hemiplegic or basilar migraine.

References

1. Frova® tablets [prescribing information]. Malvern, PA; Endo; August 2018.
2. Amerge® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; November 2016.
3. Maxalt® tablets and Maxalt-MLT® orally disintegrating tablets [prescribing information]. Whitehouse Station, NJ: Merck; October 2019.
4. Zomig® tablets and Zomig-ZMT® orally disintegrating tablets [prescribing information]. Wilmington, DE: AstraZeneca; December 2018.
5. Imitrex® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2020.
6. Almotriptan tablets [prescribing information]. Morgantown, WV: Mylan; May 2017.
7. Relpax® tablets [prescribing information]. New York, NY: Pfizer; March 2020.
8. Treximet® tablets [prescribing information]. Morristown, NJ: Pernix; April 2021.
9. Imitrex® nasal spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2017.
10. Imitrex® injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2021.
11. Zomig® nasal spray [prescribing information]. Wilmington, DE: AstraZeneca; December 2018.
12. Onzetra® Xsail® nasal powder [prescribing information]. Morristown, NJ: Currax; December 2019.
13. Zembrace® SymTouch® injection [prescribing information]. Princeton, NJ: Promius; June 2019.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	**Preferred Product Table:** **Removed** preferred product step requirement for Dihydroergotamine 4 mg/mL nasal spray, Elyxyb, Migranal, and Trudhesa	1/1/2025

The policy effective date is in force until updated or retired.