

PHARMACY POLICY – 5.01.503


Migraine and Cluster Headache Medications

Effective Date: May 1, 2026
Last Revised: Apr. 14, 2026
Replaces: N/A

RELATED MEDICAL POLICIES:
5.01.584 CGRP Inhibitors for Migraine Prophylaxis

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Introduction

There are many different types of headaches. Tension headaches are the most common form and can be treated with over-the-counter pain relievers, like aspirin or ibuprofen. Migraine and cluster headaches are more severe and may need prescription medication.

Migraine is a debilitating disease, with severe headaches. Some people have other symptoms like seeing auras, experiencing nausea or vomiting, and suffering an inability to tolerate bright light or loud noises. About one in eight Americans has migraines. It's the seventh most disabling disease worldwide. Women are twice as likely as men to suffer from migraine.

Some people have just a few headaches a month. These may be treated with pills like ibuprofen or prescription medications like sumatriptan. These treatments stop the headaches after they've started. However, if people take too much of the headache-stopping medications, over time they may end up with more headaches. This is poor long-term strategy.

Cluster headaches are severe headaches that come on quickly, last 30 to 90 minutes, go away, and then come back a little while later. They are different from migraine headaches. Individuals with cluster headaches may need a different approach to treatment, though using many of the same drugs.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can

be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Note: The medications addressed in this policy may be considered medically necessary for the FDA-approved ages.

Drug	Medical Necessity
<p>Generic triptans:</p> <ul style="list-style-type: none"> • Almotriptan (oral) • Eletriptan (oral) • Frovatriptan (oral) • Rizatriptan (oral) • Sumatriptan (oral; nasal spray; inj.) • Zolmitriptan (oral; nasal spray) 	<p>Generic triptan medications may be considered medically necessary for the acute treatment of migraine and cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The quantity dispensed does not exceed: <ul style="list-style-type: none"> ○ 18 tablets per 30 days ○ 8 injections per 30 days ○ 18 nasal sprays per 30 days <p>Additional quantities of generic triptan medications may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual has failed a trial of a different triptan prior to dose escalation <p>AND</p> <ul style="list-style-type: none"> • The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>AND</p> <ul style="list-style-type: none"> • The individual is not experiencing medication overuse headache(s) <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated)



Drug	Medical Necessity
	<p>Additional quantities of generic triptan medications may be considered medically necessary for the acute treatment of cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual has unsuccessfully tried at least 3 categories of other abortive cluster headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 3 categories of prophylactic cluster headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> Doses are not exceeding FDA labeled maximum daily doses <p>AND</p> <ul style="list-style-type: none"> The individual is not experiencing medication overuse headache(s)
<p>Brand name triptans:</p> <ul style="list-style-type: none"> Frova (frovatriptan; oral) Imitrex (sumatriptan; oral, nasal spray, inj.) Maxalt (rizatriptan; oral) Maxalt MLT (rizatriptan oral) Onzetra Xsail (sumatriptan; nasal powder) Relpax (eletriptan; oral) RizaFilm (rizatriptan; oral film) Tosymra (sumatriptan; nasal spray) Zembrace SymTouch (sumatriptan; inj.) Zomig (zolmitriptan; oral, nasal spray) 	<p>Frova (frovatriptan), Imitrex (sumatriptan), Maxalt (rizatriptan), Maxalt MLT (rizatriptan), Relpax (eletriptan), Tosymra (sumatriptan), Zomig (zolmitriptan) tablets, and Zomig (zolmitriptan) 5 mg nasal spray may be considered medically necessary for the acute treatment of migraine and cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The quantity dispensed does not exceed: <ul style="list-style-type: none"> 18 tablets per 30 days 8 injections per 30 days 18 nasal sprays per 30 days <p>Onzetra Xsail (sumatriptan), RizaFilm (rizatriptan), Zembrace SymTouch (sumatriptan), and Zomig 2.5 mg nasal spray may be considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual requires acute treatment of migraines or cluster headaches <p>AND</p> <ul style="list-style-type: none"> The quantity dispensed does not exceed: <ul style="list-style-type: none"> 18 tablets per 30 days 8 injections per 30 days



Drug	Medical Necessity
	<ul style="list-style-type: none"> ○ 18 nasal sprays per 30 days ○ 8 nasal powder inhalations per 30 days ○ 18 oral films per 30 days <p>AND</p> <ul style="list-style-type: none"> • The individual has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications in any dosage form (i.e., oral, injectable, or nasal spray) <p>Additional quantities of brand name triptan medications may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>AND</p> <ul style="list-style-type: none"> • The individual is not experiencing medication overuse headache(s) <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>Additional quantities of brand name triptan medications may be considered medically necessary for the acute treatment of cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual has unsuccessfully tried at least 3 categories of other abortive cluster headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic cluster headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>AND</p>



Drug	Medical Necessity
<p>Symbravo (rizatriptan/meloxicam)</p>	<ul style="list-style-type: none"> The individual is not experiencing medication overuse headache(s) <p>Symbravo (rizatriptan/meloxicam) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 18 tablets per 30 days <p>Additional quantities of Symbravo (rizatriptan/meloxicam) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> Doses are not exceeding FDA labeled maximum daily doses
<ul style="list-style-type: none"> Generic sumatriptan/naproxen, Treximet (sumatriptan/naproxen) 	<p>Generic sumatriptan/naproxen and Treximet (sumatriptan/naproxen) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 12 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 18 tablets per 30 days



Drug	Medical Necessity
	<p>Additional quantities of generic sumatriptan/naproxen and Treximet (sumatriptan/naproxen) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 12 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • The prescription is for less than 30 doses per 30 days <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses
<p>Elyxyb (celecoxib oral solution)</p> <p>NSAID</p>	<p>Elyxyb (celecoxib oral solution) may be considered medically necessary for the acute treatment of migraine with or without aura when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response from at least 1 NSAID medication during previous migraine episode/s <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 12 bottles (120 mg/4.8 mL per bottle) per 28 days <p>Additional quantities of Elyxyb (celecoxib oral solution) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> • Has tried and had an inadequate response from at least 1 NSAID medication during previous migraine episode/s <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses
<ul style="list-style-type: none"> • Atzumi (dihydroergotamine) nasal spray • Brekiya (dihydroergotamine) injection • Generic dihydroergotamine nasal spray • Generic ergotamine-caffeine • Migergot (ergotamine-caffeine) • Migranal (dihydroergotamine) nasal spray • Trudhesa (dihydroergotamine) nasal spray <p>Ergot Derivative</p>	<p>Atzumi (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine nasal spray <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 12 doses per 30 days <p>Additional quantities of Atzumi (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine nasal spray <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>Brekiya (dihydroergotamine) injection may be considered medically necessary for the acute treatment of migraines or cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine <p>AND</p> <ul style="list-style-type: none"> • The quantity dispensed does not exceed 24 doses (24 mL) per 30 days <p>Additional quantities of Brekiya (dihydroergotamine) injection may be considered medically necessary for the acute treatment of migraine or cluster headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine



Drug	Medical Necessity
	<p>AND</p> <ul style="list-style-type: none"> For the treatment of migraines, has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>OR</p> <ul style="list-style-type: none"> For the treatment of cluster headaches, has unsuccessfully tried at least three categories of prophylactic cluster headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Doses are not exceeding FDA labeled maximum daily doses <p>Generic dihydroergotamine nasal spray may be considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> The quantity does not exceed 8 ampules per 30 days <p>Additional quantities of generic dihydroergotamine nasal spray may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Doses are not exceeding FDA labeled maximum daily doses



Drug	Medical Necessity
	<p>Generic ergotamine-caffeine may be considered medically necessary in quantities not exceeding 12 tablets per 30 days for the acute treatment of migraine headaches.</p> <p>Additional quantities of generic ergotamine-caffeine may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>AND</p> <ul style="list-style-type: none"> • The individual has tried and had an inadequate response to at least 2 different generic triptan products in any dosage form (i.e., oral, injectable, or nasal spray) <p>AND</p> <ul style="list-style-type: none"> • Is not experiencing medication overuse headache(s) <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>Migergot (ergotamine-caffeine) may be considered medically necessary in quantities not exceeding 12 suppositories per 30 days for the acute treatment of migraine headaches.</p> <p>Additional quantities of Migergot (ergotamine-caffeine) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses <p>AND</p> <ul style="list-style-type: none"> • The individual has tried and had an inadequate response to at least 2 different generic triptan products in any dosage form (i.e., oral, injectable, or nasal spray) <p>AND</p> <ul style="list-style-type: none"> • Is not experiencing medication overuse headache(s) <p>AND</p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>Migranal (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 8 ampules per 30 days <p>Additional quantities of Migranal (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Doses are not exceeding FDA labeled maximum daily doses <p>Trudhesa (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine nasal spray <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 12 nasal sprays per 30 days <p>Additional quantities of Trudhesa (dihydroergotamine) nasal spray may be considered medically necessary for the acute treatment of migraines when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral <p>AND</p> <ul style="list-style-type: none"> • Has tried and had an inadequate response to generic dihydroergotamine nasal spray <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses
<p>Nurtec ODT (rimegepant)</p> <p>CGRP Inhibitor</p>	<p>Nurtec ODT (rimegepant) may be considered medically necessary for the acute treatment of migraine with or without aura when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> Nurtec ODT (rimegepant) is not used concurrently with Ubrelvy (ubrogepant) or Zavzpret (zavegepant) for the acute treatment of migraine <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 8 tablets per 30 days <p>Additional quantities of Nurtec ODT (rimegepant) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 2 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Nurtec ODT (rimegepant) is not used concurrently with Ubrelvy (ubrogepant) or Zavzpret (zavegepant) for the acute treatment of migraine <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 16 tablets per 30 days <p>Note: Please see Policy 5.01.584 CGRP Inhibitors for Migraine Prophylaxis when Nurtec ODT (rimegepant) is being requested for the preventive treatment of episodic migraine.</p>
<p>Reyvow (lasmiditan)</p> <p>Serotonin (5-HT) 1F receptor agonist</p>	<p>Reyvow (lasmiditan) may be considered medically necessary for the acute treatment of migraine with or without aura when the following conditions are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has had an inadequate response or intolerance to at least 1 triptan medication



Drug	Medical Necessity
	<p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 8 tablets per 30 days <p>Additional quantities of Reyvow (lasmiditan) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • Is not experiencing medication overuse headache(s) <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 3 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 16 tablets per 30 days <p>AND</p> <ul style="list-style-type: none"> • Doses are not exceeding FDA labeled maximum daily doses
<p>Ubrelvy (ubrogepant)</p> <p>CGRP Inhibitor</p>	<p>Ubrelvy (ubrogepant) may be considered medically for the acute treatment of migraine with or without aura when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • Ubrelvy (ubrogepant) is not used concurrently with Nurtec ODT (rimegepant) or Zavzpret (zavegepant) for the acute treatment of migraine



Drug	Medical Necessity
	<p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 10 tablets per 30 days <p>Additional quantities of Ubrely (ubrogepant) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> Has unsuccessfully tried at least 2 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> Ubrely (ubrogepant) is not used concurrently with Nurtec ODT (rimegepant) or Zavzpret (zavegepant) for the acute treatment of migraine <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 16 tablets per 30 days
<p>Zavzpret (zavegepant)</p> <p>CGRP Inhibitor</p>	<p>Zavzpret (zavegepant) may be considered medically necessary for the acute treatment of migraine with or without aura when all the following criteria are met:</p> <ul style="list-style-type: none"> The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> Zavzpret (zavegepant) is not used concurrently with Nurtec ODT (rimegepant) or Ubrely (ubrogepant) for the acute treatment of migraine <p>AND</p> <ul style="list-style-type: none"> The quantity is limited to 8 sprays per 30 days



Drug	Medical Necessity
	<p>Additional quantities of Zavzpret (zavegepant) may be considered medically necessary for the acute treatment of migraine headaches when all the following criteria are met:</p> <ul style="list-style-type: none"> • The individual is aged 18 years or older <p>AND</p> <ul style="list-style-type: none"> • Has had an inadequate response or intolerance to at least 1 triptan medication <p>OR</p> <ul style="list-style-type: none"> • Has a contraindication to triptans <p>AND</p> <ul style="list-style-type: none"> • Has unsuccessfully tried at least 2 categories of prophylactic migraine headache therapies listed in the Appendix section (unless contraindicated) <p>AND</p> <ul style="list-style-type: none"> • Zavzpret (zavegepant) is not used concurrently with Nurtec ODT (rimegepant) or Ubrelvy (ubrogepant) for the acute treatment of migraine <p>AND</p> <ul style="list-style-type: none"> • The quantity is limited to 16 sprays per 30 days

Drug	Not Medically Necessary
As listed	All other uses of the medications listed in this policy are considered not medically necessary.

Drug	Investigational
As listed	The medications listed in this policy are subject to the product's US Food and Drug Administration (FDA) dosage and administration prescribing information.

Length of Approval	
Approval	Criteria
Initial authorization	All drugs in this policy may be approved up to 12 months.



Length of Approval

Approval	Criteria
Re-authorization criteria	All drugs in this policy may be approved up to 12 months as long as the drug-specific coverage criteria are met, and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the diagnosis, relevant history, physical evaluation and medication history

Coding

N/A

Related Information

Benefit Application

This policy is managed through the pharmacy benefit.

The limitation of migraine headache therapies in a rolling 30-day period is in conformance to member contracts, which state quantities may be limited based on medical necessity. Exceptions to pharmacy prior authorization duration/quantity limitations will be made on a case-by-case basis after review of individual medical records.

This policy is applicable to enrollees who are managed by the Company's Pharmacy Formulary. It does not apply to enrollees managed under the Express Scripts Formulary.



Description

Migraine headache is a common disorder seen in clinical practice. According to the U.S. National Center for Health Statistics, the overall age-adjusted 3-month prevalence of migraine is 19.1% in women and 9.0% in men in the United States, almost half of whom are undiagnosed or undertreated. Most headaches are caused by the primary headache disorders, which include migraine, cluster, and tension-type headaches. Secondary headaches, which are those with underlying pathologic causes, are far less common. Migraine is a chronic condition with recurrent acute attacks whose characteristics vary among individuals and often even among attacks within a single individual. Migraine is a syndrome with a wide variety of neurologic and non-neurologic manifestations. The International Headache Society has developed diagnostic criteria for migraine with and without aura. Clinicians should bear in mind that an individual may suffer from headaches arising from multiple etiologies. Most recently, attention has been focused on possible confusion between sinus headache and migraine, which often mimics sinus symptoms (congestion, rhinorrhea, etc.).

Appropriate management of the headache individual includes several components:

- Accurate diagnosis of the individual's condition.
- Effective pharmacological management of acute attacks, including a rescue strategy designed to minimize emergency department utilization.
- Prophylactic strategies to reduce attack frequency and mitigate their effect on function and quality of life. These should include trigger avoidance when possible, as well as maintenance pharmacotherapy in individuals with more frequent headaches.
- Individuals with frequent and severely disabling headaches may benefit from referral to a multidisciplinary headache specialty service where a holistic approach is applied to optimize the individual's functional status.

Individual self-management is an important strategy in migraine treatment. Numerous tools are available to the individual and primary care practitioner to facilitate this approach.

The "triptan" medications, including almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt), rizatriptan 10 mg/MoSEIC meloxicam 20 mg (Symbravo), sumatriptan (Imitrex), sumatriptan 85 mg/naproxen 500 mg (Treximet), and



zolmitriptan (Zomig), are specific 5-hydroxytryptamine (5-HT_{1B/1D}) receptor agonists used in the abortive treatment of acute migraine or cluster headaches with or without aura. Triptans selectively bind to the 5-HT_{1D} receptors on T₆ sensory afferent neurons and 5-HT_{1B} receptors on meningeal vasculature. While the etiology of migraine is still not completely understood, the use of 5-HT agonists results in cranial vasoconstriction and inhibition of pro-inflammatory neuropeptide release, which correlates with the relief of migraine.

Dihydroergotamines (Atzumi nasal spray, Migranal nasal spray, Brekiya injection, and DHE 45 injection) are thought to relieve migraine headaches by constricting peripheral and cranial blood vessels and depressing central vasomotor centers. Dihydroergotamine (DHE) is an alpha-adrenergic blocking agent with a direct stimulating effect on the smooth muscle of peripheral and cranial blood vessels, which produces depression of the central vasomotor centers. DHE is a mixed serotonin agonist/antagonist and is thought primarily to compensate for insufficient plasma serotonin levels. DHE has a high affinity to 5-HT_{1B/1D}, 1A, 2A, 2C as well as to Alpha₁ 2a, 2b and Dopamine D₂, D₃ receptors. Therapeutic activity is thought to be due to binding at the 5-HT_{1D} receptor, preventing neuropeptide release from the trigeminal afferent terminals and blocking neurogenic inflammation. 5-HT_{1D} activity leads to vasoconstriction that is more prolonged than that of the triptan class, due to a relatively longer T_{1/2} = 10 hours. In addition, the serotonin-stimulating effect of DHE at the 5-HT_{1D} and 5-HT_{1A} receptor sites counteracts the loss of tone of the extracranial vascular musculature seen in migraine headaches.

Charles and von Dohn reported results of a study of 31 individuals with chronic daily headache treated with outpatient home-based continuous intravenous dihydroergotamine for 3 days. They administered 3 mg dihydroergotamine given continuously at a rate of 42 ml/hour on day 1 and 2, and administered 1.5 mg on day 3 at the rate of 21 ml/hour. Individuals reported an average of 63.4% reduction in pain intensity at the end of the 3-day infusion (11-point VAS). Side effects were minimal and no serious adverse effects occurred. Approximately one-third of individuals became completely headache-free after day 3, and 1 individual had no improvement. An average 86% reduction in headache frequency was observed on follow up and all but one individual converted to episodic migraine. The authors concluded that efficacy and safety of this home-based IV dihydroergotamine withdrawal protocol compared favorably to established inpatient protocols and provides an effective, safe and less expensive outpatient alternative.

Butorphanol NS is a potent analgesic with mixed opioid agonist/antagonist effects, but it is not for migraine-specific treatment. While this agent may be appropriately self-administered as a rescue medication in occasional cases where the individual's other medications have failed, overuse carries a significant risk of developing tolerance and dependence. It should be prescribed for self-administration with extreme caution. This information in no way supports butorphanol NS for the treatment of migraine.



Calcitonin-gene related peptide (CGRP) antagonists are believed to alleviate migraine headaches by regulating the activity of CGRP, which is responsible for transmitting trigeminal vascular pain in migraine. People who experience migraines typically have elevated levels of CGRP. When CGRP neuropeptides bind to their receptors, they trigger a series of events, including inflammation, vasodilation, mast-cell degranulation, and protein extravasation. CGRP antagonists, humanized monoclonal antibodies, bind to the CGRP receptor and inhibit the cascade events described above, thus preventing the onset of migraines. CGRP inhibitors include Nurtec ODT, Ubrovelvy (ubrogepant) and Zavzpret (zavegepant).

Medication Overuse

Medication overuse continues to be a concern. Prophylaxis with an expanding variety of drugs, e.g., valproate, topiramate and levetiracetam, is reported. The traditional pharmacologic classes of beta-blockers, calcium channel blockers and antidepressants continue to be popular. Overuse of abortive treatments is worrisome because it creates feedback increasing headache frequency, which in turn increases the amount of medication used. The net result is decrease in control, function and quality of life, along with major increase in medication cost.

Prophylaxis

Some individuals are able to reduce headache frequency by trigger identification and avoidance, but this strategy is of limited usefulness. Over the years a variety of small molecule drugs have been used in attempts to reduce migraine frequency. A Cochrane review found that **anticonvulsants**, specifically topiramate, sodium valproate and divalproex are effective prophylactic treatments for episodic migraine in adults. In contrast to previous reports, the authors found insufficient evidence to further support the use of gabapentin as a migraine prophylactic agent. **Antidepressants**, **beta blockers** and **calcium channel blockers** have been used with benefit to some individuals, but a significant proportion of migraine individuals do not achieve adequate control with these measures.

Botulinum toxin products may benefit some individuals. Botox (onabotulinumtoxinA) is FDA-approved to prevent headaches in adults with chronic migraine (headache lasting ≥ 4 hours on ≥ 15 days/month). Botox was evaluated in two randomized, multi-center, 24-week, 2 injection cycle, placebo-controlled double-blind studies in chronic migraine adults not using concurrent prophylaxis. Individuals were randomized to receive placebo or 155 Units to 195 Units Botox injections every 12 weeks for the 2-cycle, double-blind phase. Individuals were allowed to use



acute headache treatments during the study. Botox treatment demonstrated statistically significant and clinically meaningful improvements from baseline compared to placebo; however, this treatment requires an office procedure that is unpleasant and must be repeated four times a year.

Calcitonin gene-related peptide (CGRP) antagonists are monoclonal antibodies that represent the latest approach to migraine prevention. There are four agents in this class which are Aimovig (erenumab), Ajovy (fremanezumab), Emgality (galcanezumab), and Vyepti (eptinezumab-jjmr). CGRP antagonists represent an option for individuals that have failed other means of prophylaxis.

Acute Treatment of Migraine in Children and Adolescent

Migraine is a common and disabling condition in children, with population-based studies 2 showing a prevalence of 9.7% (95% confidence interval [CI], 9.4 to 9.9) in female children and 3 adolescents, and 6.0% (5.8–6.2) in male children and adolescents. The American Academy of Neurology (AAN) recently published (2019) an update to previous (2004) guideline on the treatment of migraine in children. The objective of this update is to provide evidence-based recommendations for the acute symptomatic treatment of children and adolescents with migraine and to explore the efficacy of self-administered treatments in reducing headache duration and associated symptoms.

Many children and adolescents use 13 and benefit from nonprescription oral analgesics like acetaminophen, ibuprofen, and naproxen. Triptans are less commonly prescribed in children than in adults, and only the following triptans have FDA approved indication for use in individuals less than 18 years old.

Table 1. Acute Treatment of Migraine in Children and Adolescent

Drug Name	FDA Approved age limit
almotriptan tablet	≥ 12 years old
rizatriptan ODT	6-17 years old
sumatriptan/naproxen tablet	≥12 years old
zolmitriptan nasal spray	≥12 years old
rizatriptan oral film	≥12 years old



2018 Update

A literature search was conducted, and expert opinion of a practicing headache specialist in the area was consulted. As a result, the policy was updated and simplified, consolidating previous updates. The discussion of prophylaxis was updated to include the calcitonin gene-related peptide inhibitor class, including erenumab and fremanezumab, which are currently pending final FDA approval. Outdated references were deleted and replaced with recent guidance from AHS/AAN and other relevant organizations.

2019 Update

A literature search was conducted from October 1, 2018, through December 1, 2019, and reviewed package inserts for medications in this policy. Added background information regarding recent published guidelines by the American Academy of Neurology (AAN) and the American Headache Society (AHS) for acute treatment of migraine in children and adolescents. No information from this update requires changes to the policy. Added newly approved migraine treatment agent, Reyvow (lasmiditan) to policy.

2020 Update

Reviewed product information and availability of all medications listed in policy. Removed reference to triptan patch products. Zecuity (sumatriptan iontophoretic transdermal system) was the only triptan patch product available on the market and the manufacturer stopped selling the device. Treximet (sumatriptan/naproxen) was identified as a multisource product and generic sumatriptan/naproxen was added to policy with same criteria as brand Treximet.

2021 Update

Reviewed product information of all medications listed in policy. Updated Treximet and generic sumatriptan/naproxen criteria to include individual age, as reflected by package insert. Reviewed published guidelines from American Academy of Neurology (AAN) and the American Headache Society (AHS). No changes to guidelines since 2019, therefore no other changes to the policy are required.



2022 Update

Reviewed product information of all medications listed in policy. Reviewed published guidelines from American Academy of Neurology (AAN) and the American Headache Society (AHS). No changes to guidelines since 2019. Updated the migraine prophylactic therapy drugs in the appendix table by removing clonidine, cyproheptadine, and other anticonvulsants and added the drugs candesartan, gabapentin, and valproic acid.

2023 Update

Reviewed product information of all medications listed in policy. Added coverage criteria for Zavzpret (zavegepant). Removed the following criteria requirement from Nurtec ODT (rimegepant) and Ubrelvy (ubrogepant) criteria: "Individual is not experiencing medication overuse headache(s)." Added RizaFilm VersaFilm to the brand triptan medication lists. Updated existing criteria for CGRPs for acute use and preventive use. For acute use, updated requirement that trial and failure of 1 triptan, and for preventive use, updated requirement that trial and failure of 2 prophylactic medications.

2024 Update

Reviewed product information of all medications listed in policy. Added Maxalt MLT (rizatriptan) to brand triptans coverage criteria. Removed brand zolmitriptan nasal spray from the brand triptans coverage criteria as it is no longer on the market. Updated the brand ergot derivative coverage criteria for Migranal (dihydroergotamine) to include trial and treatment failure with two generic triptans. Added Ergomar (ergotamine) and Trudhesa (dihydroergotamine) to the brand ergot derivative coverage criteria.

2025 Update

Reviewed product information of all medications listed in policy. Clarified that non-formulary exception review authorizations for all drugs listed in this policy may be approved up to 12 months. Clarified that the medications listed in this policy are subject to the product's FDA dosage and administration prescribing information. Added coverage criteria for Atzumi



(dihydroergotamine). Updated Ergomar (ergotamine), Migranal (dihydroergotamine), and Trudhesa (dihydroergotamine) coverage criteria to require trial and inadequate response or intolerance with generic ergotamine or dihydroergotamine.

2026 Update

Reviewed product information of all medications listed in policy. Removed coverage criteria for Amerge (naratriptan) as was removed from the market. Updated criteria for Symbravo (rizatriptan/meloxicam) removing trial of generic rizatriptan in combination with 2 generic NSAIDs and not experiencing medication overuse headaches, and adding trial of 2 different generic triptan medications. Updated criteria for generic sumatriptan/naproxen and Treximet removing trial of generic sumatriptan in combination with 2 NSAIDs and not experiencing overuse headaches, and adding trial of 2 different generic triptans. Updated criteria for Elyxyb (celecoxib oral solution) specifying trial of triptan medications is for 2 different generic triptans and removed requirement is not experiencing medication overuse headaches. Updated criteria for Atzumi (dihydroergotamine), Brekiya (dihydroergotamine), and Trudhesa (dihydroergotamine) removing requirement is not experiencing medication overuse headaches. Updated criteria for generic dihydroergotamine nasal spray and Migranal (dihydroergotamine) to include individual is aged 18 years or older, has tried and had an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral, and removed requirement is not experiencing medication overuse headaches. Removed reference to non-formulary exception reviews.

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Appendix



Headache Treatment Overview: Summary of Migraine and Cluster Headache Management

Migraine

Abortive Therapy

Aspirin, Acetaminophen, Ergotamine preparations, NSAIDs, Midrin, Triptans, Dihydroergotamine IV/IM, SC, Butorphanol nasal spray, Others (chlorpromazine, prochlorperazine, metoclopramide)

Prophylactic Therapy

Antidepressants, Beta blockers, Botulinum toxin (Botox), Calcium channel blockers, CGRP inhibitors (when used for migraine prophylaxis), Candesartan, Divalproex sodium, Gabapentin, Naproxen (when used daily), Topiramate, Valproic acid.

Cluster Headaches

Abortive Therapy

Ergotamine preparations, Local anesthetic agents, Oxygen, Triptans, Butorphanol nasal spray

Prophylactic Therapy

Calcium channel blockers, Corticosteroids, Lithium, Neurostabilizers, Methysergide, Others (capsaicin, leuprolide)

History

Date	Comments
11/05/97	New Policy – Add to Prescription Drug section.
12/07/99	Replace policy – Policy revised and updated.
12/21/00	Replace policy – Policy reviewed and revised to incorporate P5.01.107, DHE-45.



Date	Comments
02/12/02	Replace policy – Policy reviewed and policy statement unchanged; added Frova® as acceptable triptan.
01/13/03	Replace policy – Policy revised; references updated.
02/10/04	Replace policy – Policy reviewed; policy statement unchanged.
09/01/04	Replace policy – Policy renumbered from 5.01.103 to 5.01.503; no other changes.
05/10/05	Replace policy – Policy reviewed by P&T 3/22/05; policy statement remains unchanged.
02/14/06	Replace policy – Policy reviewed by P&T 1/31/06; policy statement remains unchanged.
06/16/06	Update Scope and Disclaimer; no other changes.
10/10/06	Replace policy – Policy updated with literature review. Policy statement remains unchanged.
03/13/07	Replace policy – Policy updated with literature review; references added. No change in policy statement.
02/02/08	Replace policy – Policy updated with literature search. Policy statement updated to include: The medications covered by this policy may be considered medically necessary for the treatment of migraine and cluster headache in accordance with the policy guidelines. References and codes updated. Policy was review by P&T and recommended for adoption on January 22, 2008.
05/13/08	Replace policy – Policy updated with literature search; no change to the policy statement. Description and Policy guidelines were updated to include sumatriptan 85mg/naproxen 500mg (Treximet).
05/12/09	Replace policy – References added; no change in policy statement.
07/29/09	Update Benefit Application; no other changes.
03/09/10	Replace policy – Policy updated with literature search; references added. Reviewed by P&T January 26, 2010. No change to the policy statement.
11/09/10	Replace policy – Policy updated with current names for brand-name drugs
04/08/11	Replace policy – Policy J7335 added to policy.
05/17/11	Coding updated; J7335 removed from policy.
11/10/11	Replace policy – Policy updated with literature review; reference 35 added. No change in policy statement. Reviewed by P&T September 27, 2011. Codes J0585 – J0587 removed; not applicable to policy.
11/13/12	Replace policy - Policy updated with literature review; reference 37 added. No change in policy statement.
07/08/13	Minor Update – Clarification was added to the policy that it is managed through the member’s pharmacy benefit; this is now listed in the header and within the coding section.



Date	Comments
12/09/13	Replace policy. Sumatriptan patch added to the list of drugs considered medically necessary for treating migraine headaches; Policy Guidelines and Appendix updated to align with this addition.
11/20/14	Annual Review. Policy updated with literature review; no change in policy statements. References 47-50 added.
06/09/15	Annual Review. Policy updated with literature review. Medically necessary policy statement updated with clarifying criteria and specific indications for appropriate agents addressed. Approved by P&T, May 2015.
05/01/16	Annual Review, approved April 12, 2016. Change of the criteria for brand name triptan products (requiring 2 step therapies). Addition of 2 new agents: Zembrace and Onzetra Xsail. Edited quantity limit table for Zomig.
03/01/17	Updated Related Policies. Removed 5.01.512 as it was archived.
07/04/17	Policy moved into new format, no changes to policy statement.
01/01/18	Annual Review, approved December 20, 2017. A literature search was conducted, and an expert opinion of a practicing headache specialist in the area was consulted. Zecuity was deleted from the table due to discontinuation. Age specific dosing was added to each triptan. Note added that the age criteria for the drugs addressed in this policy are based on the FDA-approved ages. Added HCPCS code J3030.
08/01/18	Annual Review, approved July 10, 2018. Literature search and expert consultation with a practicing headache specialist. Policy was updated and simplified, consolidating previous updates and discussion of prophylaxis was updated to include CGRP inhibitors. Bibliography was updated to reflect current guideline sources.
05/01/19	Interim Review, approved April 2, 2019. Added criteria for approving additional quantities of Migranal (dihydroergotamine) Nasal Spray.
07/01/19	Coding update, removed HCPCS code J3030.
01/01/20	Annual Review, approved December 17, 2019. Added Reyvow (lasmiditan) coverage criteria to policy.
02/01/20	Interim Review, approved January 9, 2020. Added Ubrelyv (ubrogepant) coverage criteria same as Reyvow.
05/01/20	Interim Review, approved April 23, 2020. Added Nurtec ODT (rimegepant) coverage criteria to policy.
01/01/21	Annual Review, approved December 1, 2020. Added prior authorization and quantity limits to generic sumatriptan/naproxen. Removed reference to triptan patch products due to manufacturer withdrawal from market.
10/01/21	Annual Review, approved September 23, 2021. Updated Treximet and generic sumatriptan/naproxen criteria adding requirement patient is 12 years of age or older.



Date	Comments
02/01/22	Interim Review, approved January 11, 2022. Added coverage criteria for Elyxyb (celecoxib oral solution) for the acute treatment of migraine with or without aura. Removed ergotamine preparations from Appendix for prophylactic therapy.
06/01/22	Interim Review, approved May 10, 2022. Updated coverage criteria for Nurtec ODT (rimegepant) for quantity approved and added restriction on concurrent use with Ubrelvy (ubrogepant) for the acute treatment of migraine. Updated coverage criteria for Ubrelvy (ubrogepant) for quantity approved and added restriction on concurrent use with Nurtec ODT (rimegepant) for the acute treatment of migraine. Updated coverage criteria for Reyvow (lasmiditan) for quantity approved.
11/01/22	Annual Review, approved October 24, 2022. Updated the migraine prophylactic therapy drugs in the appendix table by removing clonidine, cyproheptadine, and other anticonvulsants and added the drugs candesartan, gabapentin, and valproic acid. Added Length of Approval table and Documentation Requirements table to policy. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/23	Interim Review, approved December 13, 2022. Added the names of generic and brand name triptan medications to the policy. Moved the criteria for approving additional quantities of headache therapies under each of the individual drugs. Removed the separate dosage and quantity limits table and added the quantity limits under the respective drug categories.
06/01/23	Annual Review, approved May 9, 2023. Added coverage criteria for Zavzpret (zavegepant). Removed the following requirement from Nurtec ODT (rimegepant) and Ubrelvy (ubrogepant) criteria: "Individual is not experiencing medication overuse headache(s)". Added RizaFilm VersaFilm to the brand triptan medication lists.
10/01/23	Interim Review, approved September 12, 2023. Updated existing criteria for CGRPs for acute use and preventive use. For acute use, updated requirement that trial and failure of one triptan, and for preventive use, updated requirement that trial and failure of two prophylactic medications.
11/03/23	Minor correction made to reflect approved change, "For acute use, updated requirement that trial and failure of one triptan, and for preventive use, updated requirement that trial and failure of two prophylactic medications."
08/01/24	Annual Review, approved July 9, 2024. Added Maxalt MLT (rizatriptan) to brand triptans coverage criteria. Removed brand zolmitriptan nasal spray from the brand triptans coverage criteria as it is no longer on the market. Updated the brand ergot derivative coverage criteria for Migranal (dihydroergotamine) to include trial and treatment failure with two generic triptans. Added Ergomar (ergotamine) and Trudhesa (dihydroergotamine) to the brand ergot derivative coverage criteria.
03/01/25	Annual Review, approved February 24, 2025. Clarified that non-formulary exception review authorizations for all drugs listed in this policy may be approved up to 12 months. Clarified that the medications listed in this policy are subject to the product's FDA dosage and administration prescribing information.



Date	Comments
05/01/25	Interim Review, approved April 8, 2025. Added coverage for Symbravo (rizatriptan/meloxicam) for the acute treatment of migraine headaches. Corrected policy language for drugs with additional quantities from “at least 30 doses per 30 days” to “less than 30 doses per 30 days”.
08/01/25	Interim Review, approved July 8, 2025. Added coverage criteria for Atzumi (dihydroergotamine). Updated Ergomar (ergotamine), Migranal (dihydroergotamine), and Trudhesa (dihydroergotamine) coverage criteria to require trial and inadequate response or intolerance with generic ergotamine or dihydroergotamine.
11/01/25	Interim Review, approved October 14, 2025. Updated criteria for Atzumi (dihydroergotamine) nasal spray and Trudhesa (dihydroergotamine) nasal spray, to require the individual is aged 18 years or older, has tried one non-oral triptan medication, has tried generic dihydroergotamine nasal spray, and to limit the quantity dispensed to 12 doses per 30 days. Updated criteria for Migranal (dihydroergotamine) nasal spray to require the individual is aged 18 years or older, has tried one non-oral triptan medication, and has tried generic dihydroergotamine nasal spray. Added coverage criteria for Brekiya (dihydroergotamine) injection for the acute treatment of migraine or cluster headaches.
12/01/25	Interim Review, approved November 10, 2025. Updated Brekiya quantity limit to does not exceed 24 doses (24 mL) per 30 days.
01/01/26	Interim Review, approved December 9, 2025. Updated coverage criteria for Amerge (naratriptan), Frova (frovatriptan), Imitrex (sumatriptan), Maxalt (rizatriptan), Maxalt MLT (rizatriptan), Relpax (eletriptan), Tosymra (sumatriptan), Zomig (zolmitriptan) tablets, and Zomig (zolmitriptan) 5 mg nasal spray removing the requirement to use generic triptans first. Updated coverage criteria for Migranal (dihydroergotamine) nasal spray removing the requirement to use generic dihydroergotamine nasal spray first. Added coverage criteria for generic ergotamine-caffeine tablets and Migergot (ergotamine-caffeine) for the acute treatment of migraine headaches. Removed coverage criteria for Ergomar (ergotamine). Updated the quantity for Elyxyb (celecoxib oral solution) from 18 bottles per 30 days to 12 bottles per 28 days.
05/01/26	Annual Review, approved April 14, 2026. Removed coverage criteria for Amerge (naratriptan) as was removed from the market. Updated criteria for Symbravo (rizatriptan/meloxicam) removing trial of generic rizatriptan in combination with 2 generic NSAIDs and not experiencing medication overuse headaches and adding trial of 2 different generic triptan medications. Updated criteria for generic sumatriptan/naproxen and Treximet removing trial of generic sumatriptan in combination with 2 NSAIDs and not experiencing overuse headaches and adding trial of 2 different generic triptans. Updated criteria for Elyxyb (celecoxib oral solution) specifying trial of triptan medications is for 2 different generic triptans and removed requirement is not experiencing medication overuse headaches. Updated criteria for Atzumi (dihydroergotamine), Brekiya (dihydroergotamine), and Trudhesa (dihydroergotamine) removing requirement is not experiencing medication overuse headaches. Updated criteria for generic dihydroergotamine nasal spray and Migranal (dihydroergotamine) to include individual is aged 18 years or older, has tried and had



Date	Comments
	an inadequate response or intolerance to at least 2 different generic triptan medications with 1 product having a route of administration other than oral, and removed requirement is not experiencing medication overuse headaches. Removed reference to non-formulary exception reviews.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

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