

ZOMIG NASAL (zolmitriptan)

Diagnosis Considered for Coverage:

- Acute treatment of migraine attacks

Coverage Criteria:

1. For 18 spray units per month:

- For diagnosis listed above, **and**
- Total number of sprays requested per month does not exceed quantity needed to treat the number of headache days experienced per month, **and**
- Patient is not taking Zomig nasal along with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Inadequate response or intolerable side effect with sumatriptan nasal (Imitrex), **and**
- Dose does not exceed FDA approved dosing

Coverage Duration: Length of benefit

2. For greater than 18 spray units per month:

- For diagnosis listed above, **and**
- Patient is currently being followed by a neurologist or a headache specialist, **and**
- Inadequate response or intolerable side effect with sumatriptan nasal (Imitrex), **and**
- Patient is not taking Zomig nasal along with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Patient is currently taking a migraine prophylactic medication **OR** had an inadequate response, intolerance, or has a medical reason for not trying **ALL** of the following migraine prophylactic drugs: divalproex, valproate, topiramate, amitriptyline, venlafaxine, atenolol, metoprolol, propranolol, timolol, and nadolol, **and**
- Total number of sprays requested per month does not exceed quantity needed to treat the number of headache days experienced per month, **and**
- Dose does not exceed FDA approved dosing

Coverage Duration: Length of benefit

Coverage Duration: See above

Effective: 4/01/2016