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Section:	Prescription Drugs	**Effective Date:**	April 1, 2022
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	September 8, 2011
Subject:	Zomig	**Page:**	1 of 6

Last Review Date: March 11, 2022

Zomig

Description

Zomig / Zomig-ZMT (zolmitriptan)

Background
The selective serotonin receptor agonists, or “triptans", are a class of medications that have the ability to stop a migraine. Triptans work by binding to serotonin receptors in the brain. Specifically, per Drug Facts and Comparisons pharmacology of the Serotonin 5-HT_1 Receptor Agonists (Triptans): The vascular 5-HT_1 receptor subtype is present on the human basilar artery and in the vasculature of isolated human dura mater. Current theories on the etiology of migraine headaches suggest that symptoms are caused by local cranial vasodilation or the release of vasoactive and proinflammatory peptides from sensory nerve endings in an activated trigeminal system. The therapeutic activity of the serotonin 5-HT_1 receptor agonists in migraine most likely can be attributed to agonist effects at 5-$HT_{1B/1D}$ receptors on the extracerebral, intracranial blood vessels that become dilated during a migraine attack and on nerve terminals in the trigeminal system. Activation of these receptors results in cranial vessel constriction, inhibition of neuropeptide release, and reduced transmission in trigeminal pain pathways (1).

Regulatory Status
FDA-approved indications:
Zomig is supplied as a nasal spray (5mg), tablets (2.5mg and 5mg) and orally disintegrating tablets (2.5mg and 5mg) (2-3).

All forms of the product are indicated for the acute treatment of migraine with or without aura in adults (2-3).

Limitations of Use: (2-3)

- Use only after a clear diagnosis of migraine has been established
- Not intended for the prophylactic therapy of migraine
- Not indicated for the treatment of cluster migraine
- Not recommended in patients with moderate to severe hepatic impairment

Zomig is not intended for use in the management of hemiplegic or basilar migraine (2-3).

Off-Label Use:
Triptans have been found to be safe and effective in the pediatric and adolescent population (4).

Safety and effectiveness of Zomig have not been established for cluster headache, which is present in an older, predominantly male population (2-3).

Related policies
Amerge, Axert, Butalbital analgesics, Dihydroergotamine Nasal Sprays, Frova, Maxalt, Migraine CGRP Antagonists IV, Migraine CGRP Antagonists SC, Migraine CGRP Antagonists Oral, Migraine Powders, Relpax, Sumatriptan, Sumatriptan Injection

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Zomig may be considered **medically necessary** for the treatment of migraine (classic or common) and if the conditions indicated below are met.

Zomig may be considered **investigational** for patients below 6 years of age and for all other indications.

Prior-Approval Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

Diagnoses
Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)

AND ALL of the following:

a. Patient is currently using migraine prophylactic therapy **OR** the patient has had an inadequate treatment response, intolerance, or contraindication to migraine prophylactic therapy (e.g., divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, etc.)
b. **NO** hemiplegic migraine
c. **NO** basilar migraine
d. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrelvy)
e. **NO** dual therapy with Reyvow (lasmiditan)
f. **NO** other PA on file for any triptan agent

Prior – Approval *Renewal* Requirements

Age 6 years of age or older
Ages 6-11 must be prescribed by a neurologist

Diagnoses

Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)

AND ALL of the following:

a. **NO** hemiplegic migraine
b. **NO** basilar migraine
c. **NO** dual therapy with a calcitonin gene related peptide (CGRP) antagonist for acute migraine treatment (e.g., Nurtec ODT, Ubrelvy)
d. **NO** dual therapy with Reyvow (lasmiditan)
e. **NO** other PA on file for any triptan agent

Policy Guidelines

Pre - PA Allowance

Age 12 years of age or older

Quantity

Strength	Quantity

2.5 mg tablets	36 tablets per 90 days **OR**
2.5 mg nasal spray	36 units per 90 days **OR**
5 mg tablets	18 tablets per 90 days **OR**
5 mg nasal spray	18 units per 90 days

Prior - Approval Limits

Quantity

Strength	Quantity
2.5 mg tablets	54 tablets per 90 days **OR**
2.5 mg nasal spray	54 units per 90 days **OR**
5 mg tablets	27 tablets per 90 days **OR**
5 mg nasal spray	24 units per 90 days

Duration 6 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Migraine is a chronic, recurrent condition that affects millions of people worldwide. Triptans are serotonin (5-HT) receptor agonists that interrupt attacks or episodes of migraine, but do not prevent migraines from happening. This class of medications has potentially serious side effects, especially when taken in high doses. Life-threatening disturbances of cardiac rhythm and myocardial infarction have been reported, as well as stroke. Triptans have been found to be safe and effective in the pediatric and adolescent population (1-4).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Zomig while maintaining optimal therapeutic outcomes.

References

1. Serotonin 5-HT1 Receptor Agonists (Triptans). Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; December 2017.
2. Zomig and Zomig-ZMT [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; May 2019.

3. Zomig Nasal Spray [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; May 2019.
4. Evers S., The Efficacy of Triptans in Childhood and Adolescence Migraine Curr Pain Headache Rep (2013) 17: 342.

Policy History

Date	Action	Reason
September 2011	New Policy	
September 2012	Annual editorial review and reference update.	
December 2012	Changed quantity limit to 1.5 x FDA-approved dosage. Annual editorial review	
April 2013	Revised quantity limits to allow mail order to fill correctly	
June 2014	Revision of age to allow pediatric and adolescent use. Annual editorial review and reference update. Addition of 2.5mg nasal spray	
September 2014	Annual editorial review and reference update.	
March 2016	Annual editorial review and reference update Policy number changed from 5.02.22 to 5.70.22	
March 2017	Annual editorial review and reference update	
March 2018	Annual editorial review and reference update	
November 2018	Annual editorial review and reference update. Addition of no dual therapy with CGRP antagonist requirement and no dual therapy with another PA for any triptan agent	
March 2019	Annual review	
September 209	Revised quantity limits to quantity per 90 days	
November 2019	Addition of no dual therapy with Reyvow	
December 2019	Annual review	
March 2020	Annual review and reference update	
June 2020	Annual review	
April 2021	Added no dual therapy with a CGRP antagonist for acute migraine treatment. Revised no dual therapy requirement after 6 months of a prophylactic CGRP antagonist. Added initiation requirement to be on a migraine prophylactic therapy or have an inadequate treatment response, intolerance, or contraindication to migraine prophylactic therapy	
June 2021	Annual review	
September 2021	Annual review and reference update	
March 2022	Annual review. Per SME, removed requirement of “no dual therapy after 6 months with a prophylactic CGRP antagonist”	

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 11, 2022 and is effective on April 1, 2022.