

zolmitriptan nasal spray (ZOMIG)

Diagnosis Considered for Coverage:

- Migraine Headache (MHA)
- Cluster headaches

Coverage Criteria:

For treatment of migraine headaches AND up to 18 sprays (3 boxes) per month:

- Patient is not taking it together with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Inadequate response or intolerable side effect with sumatriptan (Imitrex) nasal spray, **and**
- Dose does not exceed FDA approved dosing.

Coverage Duration: one year

For treatment of migraine headaches AND more than 18 sprays (3 boxes) per month:

- Patient is currently being followed by a neurologist or at a headache clinic, **and**
- Inadequate response or intolerable side effect with sumatriptan (Imitrex) nasal spray, **and**
- Not being used with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- One of the following:
 - Patient is currently taking a migraine prophylactic medication including an anticonvulsant, or antidepressant, or beta-blockers,
OR
 - Contradiction to all agents including divalproex, valproate, topiramate, amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, and timolol, **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: one year

For diagnosis of cluster headache:

- Patient is currently being followed by a neurologist or a headache specialist, **and**
- Inadequate response or intolerable side effect with sumatriptan (Imitrex) nasal spray, **and**
- Not being used with another triptan or ergot-type drug (ex: DHE, ergotamine, Cafergot, Migranal), **and**
- Patient is currently taking a prophylactic medication recognized for use in cluster headaches from the following list: prednisone, dexamethasone, verapamil, lithium or topiramate OR contradiction to all agents above recognized as being efficacious for cluster headache prophylaxis, **and**
- Dose does not exceed FDA approved dosing.

Coverage Duration: 3 months

Effective Date: 11/29/2023