



DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Migraine – Triptans Drug Quantity Management Policy – Per Rx

Injectable Triptans

- Imitrex® (sumatriptan subcutaneous [SC] injection – GlaxoSmithKline, generic)
- sumatriptan SC injection (generic only [Brand Alsuma discontinued])
- Zembrace® SymTouch® (sumatriptan SC injection – Upsher-Smith)

Oral Triptans

- almotriptan tablets (generics only)
- Frova® (frovatriptan tablets – Endo, generic)
- Imitrex® (sumatriptan tablets – GlaxoSmithKline, generic)
- Maxalt® (rizatriptan tablets – Organon, generic)
- Maxalt MLT® (rizatriptan orally-disintegrating tablets – Organon, generic)
- naratriptan tablets (generic only)
- Relpax® (eletriptan tablets – Pfizer, generic)
- Zomig® (zolmitriptan tablets – Amneal, generic)
- zolmitriptan orally-disintegrating tablets generic only)

Oral Triptan/Non-Steroidal Anti-inflammatory Drug Combinations

- Symbravo® (meloxicam and rizatriptan tablets – Axsome)
- Treximet® (sumatriptan and naproxen sodium tablets – Currax, generic)

Nasal Triptans

- Imitrex® (sumatriptan nasal spray – GlaxoSmithKline, generic [brand obsolete 1/2024])
- Onzetra® Xsail® (sumatriptan nasal powder – Currax)
- Tosymra® (sumatriptan nasal spray – Promius/Upsher-Smith)
- Zomig® (zolmitriptan nasal spray – Amneal, generic)

REVIEW DATE: 05/21/2025

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 WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The above medications are approved and used for abortive therapy in treating **acute migraine headaches**.¹⁻¹⁷ In addition to treating acute migraine, injectable sumatriptan formulations are also indicated for treatment of cluster headaches.^{6,12} Intranasal preparations of sumatriptan and zolmitriptan are also commonly used for this indication.¹⁶

Use of triptans can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more); therefore, they are not intended for regular use.¹⁸ Guidelines for the management of migraine recommend limiting acute therapy to < 2 days per week on a regular basis or 8 treatment days per month.^{18,19} If a patient requires abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information.

Other Information

For the treatment of cluster headache, the American Headache Society guidelines (2016) recommend sumatriptan subcutaneous, zolmitriptan nasal spray, and high flow oxygen for acute treatment (Level A recommendation).¹⁷ Sumatriptan nasal spray and zolmitriptan tablets are also recommended as probably effective (Level B recommendation).

In general, the quantity limits provided are adequate for one package per co-payment at retail or three packages per co-payment at home delivery. The override quantity is based upon providing a quantity adequate for two additional headaches per week for 4 weeks at maximum FDA-approved dose, rounded up to the nearest whole package size.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of the triptan migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Drug Quantity Limits

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
Injectable Triptans				
Imitrex® (sumatriptan SC injection, generic)	12 mg (2 x 6 mg injections) per 24 hours.	<ul style="list-style-type: none"> • Prefilled single-dose syringe cartridges: 4 mg/0.5 mL and 6 mg/0.5 mL • Prefilled autoinjectors: 4 mg/0.5 mL and 6 mg/0.5 mL • Vials: 6 mg/0.5 mL (generic only) 	1 mL (2 autoinjectors/ syringe cartridges/ vials)	3 mL (6 autoinjectors/ syringe cartridges/ vials)
sumatriptan SC injection (generics only – brand Alsuma discontinued)	12 mg (2 x 6 mg injections) per 24 hours.	Prefilled autoinjectors: 6 mg/0.5 mL Each kit contains 2 prefilled autoinjectors.	1 mL (2 autoinjectors)	3 mL (6 autoinjectors)
Zembrace® SymTouch® (sumatriptan SC injection)	12 mg (4 x 3 mg injections) per 24 hours.	SymTouch prefilled autoinjector: 3 mg/0.5 mL Each kit contains 4 autoinjectors.	2 mL (4 prefilled autoinjectors)	6 mL (12 prefilled autoinjectors)

Drug Quantity Limits (continued)

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
Oral Triptans				
almotriptan tablets (generic only)	25 mg (2 x 12.5 mg tablets) per 24 hours.	Tablets: 6.25 mg Each blister pack contains 6 tablets	6 tablets	18 tablets
		Tablets: 12.5 mg Each blister pack contains 12 tablets	12 tablets	36 tablets
Frova® (frovatriptan tablets, generic)	7.5 mg (3 x 2.5 mg tablets) per 24 hours.	Tablets: 2.5 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Imitrex® (sumatriptan tablets, generics)	200 mg (2 x 100 mg tablets) per 24 hours.	Tablets: 25 mg, 50 mg, 100 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Maxalt® (rizatriptan tablets, generic)	30 mg (3 x 10 mg tablets) per 24 hours.	Tablets: 5 mg (generic only), 10 mg Each carton contains 18 tablets	18 tablets	54 tablets
Maxalt MLT® (rizatriptan orally-disintegrating tablets, generic)	30 mg (3 x 10 mg orally-disintegrating tablets) per 24 hours.	Orally-disintegrating Tablets: 5 mg (generic only), 10 mg Each carton contains 18 tablets total (6 unit of use carrying case of 3 orally disintegrating tablets)	18 tablets	54 tablets
naratriptan tablets (generic only)	5 mg (2 x 2.5 mg tablets) per 24 hours.	Tablets: 1 mg, 2.5 mg Each blister pack contains 9 tablets	9 tablets	27 tablets
Relpax® (eletriptan tablets, generic)	80 mg (2 x 40 mg tablets) per 24 hours.	Tablets: 20 mg, 40 mg Each carton contains 12 tablets (2 blister packs of 6 tablets each)	6 tablets	18 tablets
Zomig® (zolmitriptan tablets, generic)	10 mg (2 x 5 mg tablets) per 24 hours.	Tablets: 2.5 mg, 5 mg Each carton contains either a blister pack of 6 x 2.5 mg tablets or 3 x 5 mg tablets.	6 tablets	18 tablets
zolmitriptan orally-disintegrating tablets (generic only)	10 mg (2 x 5 mg orally-disintegrating tablets) per 24 hours.	Orally-disintegrating tablets: 2.5 mg, 5 mg Each carton contains either a blister pack of 6 x 2.5 mg orally-disintegrating tablets or 3 x 5 mg orally-disintegrating tablets.	6 tablets	18 tablets

Drug Quantity Limits (continued)

Drug Name	Maximum Dosing	Availability	Retail Maximum Quantity per Rx*	Home Delivery Maximum Quantity per Rx
Oral Triptan/NSAID Combinations				
Symbravo® (meloxicam and rizatriptan tablets)	20 mg/10 mg per 24 hours	Tablets: 20 mg/10 mg Each bottle contains 9 tablets	9 tablets	27 tablets
Treximet® (sumatriptan and naproxen sodium tablets, generic)	<p><u>Adults:</u> 2 x 85 mg/500 mg tablets per 24 hours.</p> <p><u>Pediatric patients 12 to 17 years of age:</u> 1 x 85 mg/500 mg tablet per 24 hours. An initial dose of 1 x 10 mg/60 mg tablet is recommended. However, the 10 mg/60 mg tablets are no longer available.</p>	Tablets: 85 mg/500 mg Each bottle contains 9 tablets	9 tablets	27 tablets
Nasal Triptans				
Imitrex® (sumatriptan nasal spray, generic) [brand obsolete 1/18/24)]	<u>5 mg nasal spray:</u> 20 mg (4 units) per 24 hours.	Unit Dose Nasal Spray Devices: 5 mg Each box contains 6 devices.	6 unit dose spray devices (1 box)	18 unit dose spray devices (3 boxes)
	<u>20 mg nasal spray:</u> 40 mg (2 units) per 24 hours.	Unit Dose Nasal Spray Devices: 20 mg Each box contains 6 devices.	6 unit dose spray devices (1 box)	18 unit dose spray devices (3 boxes)
Onzetra® Xsail® (sumatriptan nasal powder)	44 mg (4 x 11 mg nosepieces) per 24 hours.	Disposable nosepiece containing a capsule and a reusable breath-powered delivery device body: 11 mg each. Each kit contains 8 pouches with 2 nose pieces per pouch.	16 nose pieces (1 kit)	48 nose pieces (3 kits)
Tosymra® (sumatriptan nasal spray)	30 mg (3 units [sprays]) per 24 hours.	Single-Dose Nasal Spray Unit: 10 mg Each carton contains 6 units.	6 units (1 carton)	18 units (3 cartons)
Zomig® (zolmitriptan nasal spray, generic)	10 mg (2 x 5 mg units [sprays]) per 24 hours.	Single-Dose Nasal Spray Unit: 2.5 mg (authorized generic and brand), 5 mg (generic and brand) Each box contains 6 units	6 single-dose nasal spray units (1 box)	18 single-dose nasal spray units (3 boxes)

* Corresponds with number of units per whole package size with the exception of Zomig 5 mg in which 6 tablets equals 2 packages; NSAID – Non-steroidal anti-inflammatory drug.

Exceptions to the quantity limits listed above are covered as medically necessary when the following criteria are met. Any other exception is considered not medically necessary.

CRITERIA

Injectable Triptans

Sumatriptan 4 mg/0.5 mL and 6 mg/0.5 mL autoinjectors/syringes/cartridges/vials (Imitrex, generic) and Sumatriptan 6 mg/0.5 mL autoinjectors (generic only, brand Alsuma discontinued)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 8 mL (16 autoinjectors, syringes, cartridges, or vials) per dispensing at retail or 24 mL (48 autoinjectors, syringes, cartridges, or vials) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 8 mL (16 autoinjectors, syringes, cartridges, or vials) per dispensing at retail or 24 mL (48 autoinjectors, syringes, cartridges, or vials) per dispensing at home delivery.

Zembrace SymTouch 3 mg/0.5 mL autoinjector

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 16 mL (32 autoinjectors) per dispensing at retail or 48 mL (96 autoinjectors) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 16 mL (32 autoinjectors) per dispensing at retail or 48 mL (96 autoinjectors) per dispensing at home delivery.

Oral Triptans

Almotriptan 6.25 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Almotriptan 12.5 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 tablets per dispensing at retail or 72 tablets per dispensing at home delivery.

Naratriptan 1 mg and 2 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Frovatriptan 2.5 mg tablets (Frova, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 27 tablets per dispensing at retail or 81 tablets per dispensing at home delivery.

Sumatriptan 25 mg, 50 mg, and 100 mg tablets (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Rizatriptan 5 mg and 10 mg tablets (Maxalt, generic) and Rizatriptan 5 mg and 10 mg orally-disintegrating tablets (Maxalt MLT, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 tablets per dispensing at retail or 108 tablets per dispensing at home delivery.

RizaFilm 10 mg oral films

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 24 films per dispensing at retail or 72 films per dispensing at home delivery.

Eletriptan 20 mg and 40 mg tablets (Relpax, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Treximet 85 mg/500 mg tablets (Treximet, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 2.5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 2.5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 mg tablets (Zomig-ZMT)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Oral Triptan/Non-Steroidal Anti-Inflammatory Drug Combinations

Symbravo 20 mg/10 mg tablets

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 9 tablets per dispensing at retail or 27 tablets per dispensing at home delivery.

Treximet 85 mg/500 mg tablets (Treximet, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery.

Nasal Triptans

Sumatriptan 5 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 36 nasal spray devices (6 boxes) per dispensing at retail or 108 nasal spray devices (18 boxes) per dispensing at home delivery.

Sumatriptan 20 mg unit dose nasal spray devices (Imitrex, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.

Onzetra Xsail 11 mg nose pieces

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.

2. If the patient has a diagnosis of cluster headaches, approve 32 nose pieces (4 kits) per dispensing at retail or 96 nose pieces (12 kits) per dispensing at home delivery.

Tosymra 10 mg single-dose nasal spray units

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 cartons) per dispensing at retail or 54 nasal spray devices (9 cartons) at home delivery.

Zolmitriptan 2.5 mg and 5 mg single-dose nasal spray units (Zomig, generic)

1. If the patient is using the medication to treat intermittent acute migraine headaches (i.e., the request is NOT for continuous/daily use for prevention or prophylaxis), approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.
2. If the patient has a diagnosis of cluster headaches, approve 18 nasal spray devices (3 boxes) per dispensing at retail or 54 nasal spray devices (9 boxes) per dispensing at home delivery.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Zolmitriptan 5 mg tablets (Zomig, generic) and Zolmitriptan orally-disintegrating 5 mg tablets (Zomig-ZMT): New override criteria were added to approve an override for 18 tablets per dispensing at retail or 54 tablets per dispensing at home delivery if the patient has a diagnosis of cluster headaches.	12/20/2023
Annual Revision	Brand Amerge, Rizafilm, and brand Zomig-ZMT removed from policy (obsolete). Sumatriptan subcutaneous injection (generics to discontinued Alsuma), sumatriptan subcutaneous injection (Imitrex, generics), and Zembrace Symtouch: Override criteria were updated to reflect approvals in "mL". Previously, the approval quantities were provided as the number of autoinjectors, syringes, cartridges, or vials.	01/22/2025
Early Annual Revision	Symbravo 20 mg/10 mg tablets: New quantity limits of 9 tablets per dispensing at retail and 27 tablets per dispensing at home delivery were added to the policy. New override criteria were added to approve an override for 9 tablets per dispensing at retail or 27 tablets per dispensing at home delivery if the patient is using the medication to treat intermittent acute migraine headaches.	05/21/2025

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