



**UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for Serotonin (5-HT) Receptor Agonists**

Program	Step Therapy
Medication	Zolmitriptan nasal spray (generic Zomig nasal spray)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	11/2022
Effective Date	2/2023

1. Background:

Zolmitriptan nasal spray (generic Zomig nasal spray) is indicated for the acute treatment of migraine with or without aura in adults and pediatric patients 12 years of age and older. Zolmitriptan nasal spray (generic Zomig nasal spray) is not intended for the prophylactic therapy of migraine attacks or for the treatment of cluster headache.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try two oral generic triptans and sumatriptan nasal spray before providing coverage for zolmitriptan nasal spray (generic Zomig nasal spray).

2. Coverage Criteria^a:

A. Zolmitriptan nasal spray (Zomig nasal spray) will be approved based on the following criteria:

1. History of failure, contraindication, or intolerance to **two** of the following oral triptans:
 - a. almotriptan (generic Axert)
 - b. eletriptan (generic Relpax)
 - c. naratriptan (generic Amerge)
 - d. rizatriptan (generic Maxalt/Maxalt MLT)
 - e. sumatriptan (generic Imitrex)
 - f. zolmitriptan (generic Zomig) tablets or ODT

-AND-

2. History of failure, contraindication, or intolerance to sumatriptan nasal spray (generic Imitrex nasal spray)

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Zomig [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals; May 2019.

Program	Step Therapy – Serotonin (5-HT) Receptor Agonists
Change Control	
1/2020	New program.
10/2020	Renamed policy to Serotonin (5-HT) Receptor Agonists and revised background. Policy reviewed and approved for application to UnitedHealthcare Value & Balance Exchange for 1/2021 implementation.
11/2020	Updated ST alternatives to align build file and set up for UHC Value & Balance Exchange for 1/2021 implementation.
2/2021	Added generic zolmitriptan nasal spray (new generic to Zomig nasal spray) to the policy, where now criteria apply to both brand and generic. Annual review, updated references.
9/2021	Review for 2022 implementation. Removed step therapy detailed definition from background.
11/2022	Annual review, updated brand/generic language to previously approved standardized format.