



DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Migraine – Other Medications Drug Quantity Management Policy – Per Days

- Nurtec® ODT (rimegepant orally disintegrating tablet – Biohaven/Pfizer)
- Reyvow® (lasmiditan tablets – Lilly)
- Ubrelvy® (ubrogepant tablets – Allergan)
- Zavzpret™ (zavegepant nasal spray – Pfizer)

REVIEW DATE: 11/21/2025

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

Nurtec ODT, Reyvow, Ubrelvy, and Zavzpret are all indicated for the **acute treatment of migraine** with or without aura in adults.¹⁻⁴ In addition, Nurtec ODT is indicated for the preventive treatment of episodic migraine in adults.²

Dosing and Availability

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

Other Information

Use of acute medications for migraine 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.^{5,6} Guidelines for the management of migraine headache recommend limiting acute (abortive) therapy to less than 2 days per week on a regular basis or 8 treatment days per month. If patients require abortive therapies more frequently, re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

In general, the quantity limits provided are adequate for two headaches per week for 4 weeks at a maximum FDA-approved dose. Quantities are rounded up to the nearest whole package if needed. The quantity limit is specific to a chemical entity within the same dosage form. Of note, conventional tablets and orally-disintegrating tablets are considered the same dosage form for these purposes.

Policy Statement

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of acute 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. Approvals are provided for the duration noted below. "One-time" approvals are provided for 30 days in duration.

Drug Quantity Limits

Drug Name	Dosing	Availability	Retail Maximum Quantity per 28 Days	Home Delivery Maximum Quantity per 84 Days
Nurtec® ODT (rimegepant orally disintegrating tablet)	<u>Acute migraine treatment:</u> 75 mg (1 tablet) per 24 hours as needed. The safety of using more than 18 doses in a 30-day period has not been established. <u>For preventative treatment of episodic migraine:</u> 75 mg (1 tablet) every other day.	75 mg orally-disintegrating tablets Each box contains a blister pack of 8 tablets.	16 tablets (2 boxes)	48 tablets (6 boxes)
Reyvow® (lasmiditan tablet)	Recommended dose is 50 mg, 100 mg, or 200 mg as needed. No more than one dose should be taken in 24 hours. A second dose has not	50 mg tablets Each box contains 8 tablets.	8 tablets (1 box)	24 tablets (3 boxes)

Drug Name	Dosing	Availability	Retail Maximum Quantity per 28 Days	Home Delivery Maximum Quantity per 84 Days
	<p>been shown to be effective for the same migraine attack. The maximum dose is 200 mg per 24 hours.</p> <p>The safety of treating an average of more than 4 migraine attacks in a 30-day period has not been established.</p>	100 mg tablets Each box contains 8 tablets.	16 tablets (2 boxes)	48 tablets (6 boxes)
Ubrelvy® (ubrogepant tablet)	<p>Recommended dose is 50 mg or 100 mg. If needed, a second dose may be taken ≥ 2 hours after the initial dose. Maximum dose is 200 mg per 24 hours.</p> <p>The safety of treating more than 8 migraines in a 30-day period has not been established.</p>	50 mg tablets Each packet contains 1 tablet and each box contains 10 packets.	20 tablets (2 boxes)	60 tablets (6 boxes)
		100 mg tablets Each packet contains 1 tablet and each box contains either 10 or 16 packets.	20 tablets (2 boxes)	60 tablets (6 boxes)
Zavzpret™ (zavegepant nasal spray)	<p>Recommended dose is 10 mg given as a single spray in one nostril as needed. Maximum dose is 10 mg (one spray) per 24 hours.</p> <p>The safety of treating more than 8 migraines in a 30-day period has not been established.</p>	10 mg ready-to-use unit-dose disposable nasal spray device. Each carton contains 6 units.	12 units (2 cartons)	36 units (6 cartons)

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

Nurtec ODT

No overrides recommended.

Reyvow 50 mg tablets

No overrides recommended.

Reyvow 100 mg tablets

1. If the strength of the patient’s medication is being increased within the same chemical entity and same dosage form (i.e., from Reyvow 50 mg to 100 mg tablets), approve a one-time quantity override for 8 tablets (1 box) at retail or home delivery.

Ubrelvy 50 mg tablets

No overrides recommended.

Ubrelvy 100 mg tablets

1. If the strength of the patient’s medication is being increased within the same chemical entity and same dosage form (i.e., from Ubrelvy 50 mg to 100 mg tablets), approve a one-time quantity override for 10 tablets (1 box) at retail or home delivery.

Zavzpret 10 mg nasal spray

No overrides recommended.

REFERENCES

1. Ubrelvy® tablets [prescribing information]. Madison, NJ: Allergan; June 2025.
2. Nurtec® ODT [prescribing information]. New Haven, CT: Biohaven; August 2025.
3. Reyvow® tablets [prescribing information]. Indianapolis, IN: Lilly; September 2022.
4. Zavzpret™ nasal spray [prescribing information]. New York, NY: Pfizer; August 2025.
5. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
6. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Title of the policy updated to "Migraine – Other Medications DQM Policy – Per Days". Previously, the policy was named "Migraine – Other Acute Medications DQM Policy – Per Days".	11/27/2023
Annual Revision	No criteria changes.	12/09/2024
Annual Revision	Policy statement was updated to note that "one-time" approvals are provided for 30 days in duration.	11/21/2025

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