

## 5.70.003

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	1 of 8

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**Last Review Date:** March 7, 2025

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## 5-HT1 Agonists (Triptans)

### Description

Almotriptan  
Amerge (naratriptan)  
Frova (frovatriptan)  
Imitrex, Onzetra Xsail, Tosymra NS, Treximet (sumatriptan)  
Imitrex, Zembrace (sumatriptan injection)  
Relpax (eletriptan)  
Zomig, Zomig-ZMT (zolmitriptan)

\*Maxalt is found in a separate policy.

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### 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<sub>1</sub> Receptor Agonists (Triptans): The vascular 5-HT<sub>1</sub> 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<sub>1</sub> receptor agonists in migraine most likely can be attributed to agonist effects at 5-HT<sub>1B/1D</sub> 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

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	2 of 8

---

FDA-approved indication: Triptan medications are indicated for the acute treatment of migraine attacks with or without aura in adults (2-14).

#### Limitations of Use: (2-14)

- 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

Triptan medications are not intended for use in the management of hemiplegic or basilar migraine (2-14).

#### Off-Label Use: (15)

Triptans have been found to be safe and effective in the pediatric and adolescent population.

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#### **Related policies**

Butalbital analgesics, Dihydroergotamine Nasal Sprays, Elyxyb, Maxalt, Migraine CGRP Antagonists IV, Migraine CGRP Antagonists Nasal, Migraine CGRP Antagonists Oral, Migraine CGRP Antagonists SC, Migraine Powders

#### **Policy**

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

Triptan medications may be considered **medically necessary** if the conditions indicated below are met.

Triptan medications may be considered **investigational** 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)
3. Sumatriptan injection **only**: Cluster headache – acute treatment

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	3 of 8

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**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, Ubrovelvy)
- e. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
- f. **NO** other PA on file for any triptan agent

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## 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)
3. Sumatriptan injection **only**: Cluster headache – acute treatment

**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, Ubrovelvy)
- d. **NO** dual therapy with Reyvow (lasmiditan) or Elyxyb (celecoxib)
- e. **NO** other PA on file for any triptan agent

## Policy Guidelines

### Pre - PA Allowance

**Age** 12 years of age or older  
*No Pre-PA Allowance for under 12 years of age*

# 5.70.003

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	4 of 8

## Quantity

- Patients are allowed Pre-PA quantities of up to TWO triptan medications **only**.

Medication	Strength	Quantity
almotriptan	6.25 mg	48 tablets per 90 days <b>AND/OR</b>
almotriptan	12.5 mg	24 tablets per 90 days <b>AND/OR</b>
Amerge	1 mg	63 tablets per 90 days <b>AND/OR</b>
Amerge	2.5 mg	27 tablets per 90 days <b>AND/OR</b>
Frova	2.5 mg	36 tablets per 90 days <b>AND/OR</b>
Relpax	20 mg	36 tablets per 90 days <b>AND/OR</b>
Relpax	40 mg	18 tablets per 90 days <b>AND/OR</b>
Sumatriptan	5 mg nasal spray	96 units per 90 days <b>AND/OR</b>
Sumatriptan	10 mg nasal spray (Tosymra)	48 units per 90 days <b>AND/OR</b>
Sumatriptan	20 mg nasal spray	24 units per 90 days <b>AND/OR</b>
Sumatriptan	25 mg tablets	99 tablets per 90 days <b>AND/OR</b>
Sumatriptan	50 mg tablets	45 tablets per 90 days <b>AND/OR</b>
Sumatriptan	100 mg tablets	27 tablets per 90 days <b>AND/OR</b>
Sumatriptan	85 mg/ 500 mg (Treximet)	32 tablets per 90 days <b>AND/OR</b>
Sumatriptan <i>(1 kit = 8 doses or 8 pouches containing 2 nosepieces/units per pouch = 16 units per kit)</i>	11mg nasal powder (Onzetra Xsail)	6 x 8-dose kits (96 units) per 90 days <b>AND/OR</b>
Sumatriptan injection <i>(1 kit = 2 injections)</i>	4 mg/0.5ml injection kits	18 kits per 90 days <b>AND/OR</b>
Sumatriptan injection <i>(1 kit = 2 injections)</i>	6 mg/0.5 ml injection kits	12 kits per 90 days <b>AND/OR</b>
Sumatriptan injection	6mg/0.5ml injection vials	25 vials per 90 days <b>AND/OR</b>
Sumatriptan injection	3mg injection (Zembrace)	36 syringes per 90 days <b>AND/OR</b>
Zomig	2.5 mg tablets	36 tablets per 90 days <b>AND/OR</b>
Zomig	2.5 mg nasal spray	36 units per 90 days <b>AND/OR</b>
Zomig	5 mg tablets	18 tablets per 90 days <b>AND/OR</b>
Zomig	5 mg nasal spray	18 units per 90 days

## Prior - Approval Limits

# 5.70.003

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	5 of 8

## Quantity

Medication	Strength	Quantity
almotriptan	6.25 mg	72 tablets per 90 days <b>OR</b>
almotriptan	12.5 mg	36 tablets per 90 days <b>OR</b>
Amerge	1 mg	90 tablets per 90 days <b>OR</b>
Amerge	2.5 mg	36 tablets per 90 days <b>OR</b>
Frova	2.5 mg	54 tablets per 90 days <b>OR</b>
Relpax	20 mg	54 tablets per 90 days <b>OR</b>
Relpax	40 mg	24 tablets per 90 days <b>OR</b>
Sumatriptan	5 mg nasal spray	144 units per 90 days <b>OR</b>
Sumatriptan	10 mg nasal spray (Tosymra)	72 units per 90 days <b>OR</b>
Sumatriptan	20 mg nasal spray	36 units per 90 days <b>OR</b>
Sumatriptan	25 mg tablets	144 tablets per 90 days <b>OR</b>
Sumatriptan	50 mg tablets	63 tablets per 90 days <b>OR</b>
Sumatriptan	100 mg tablets	36 tablets per 90 days <b>OR</b>
Sumatriptan	85 mg/ 500 mg (Treximet)	45 tablets per 90 days <b>OR</b>
Sumatriptan <i>(1 kit = 8 doses or 8 pouches containing 2 nosepieces/units per pouch = 16 units per kit)</i>	11mg nasal powder (Onzetra Xsail)	9 x 8-dose kits (144 units) per 90 days <b>OR</b>
Sumatriptan injection <i>(1 kit = 2 injections)</i>	4 mg/0.5ml injection kits	27 kits per 90 days <b>OR</b>
Sumatriptan injection <i>(1 kit = 2 injections)</i>	6 mg/0.5 ml injection kits	18 kits per 90 days <b>OR</b>
Sumatriptan injection	6mg/0.5ml injection vials	35 vials per 90 days <b>OR</b>
Sumatriptan injection	3mg injection (Zembrace)	54 syringes per 90 days <b>OR</b>
Zomig	2.5 mg tablets	54 tablets per 90 days <b>OR</b>
Zomig	2.5 mg nasal spray	54 units per 90 days <b>OR</b>
Zomig	5 mg tablets	27 tablets per 90 days <b>OR</b>
Zomig	5 mg nasal spray	24 units per 90 days

**Duration** 6 months

## Prior – Approval *Renewal* Limits

Same as above

## Rationale

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<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	6 of 8

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## Summary

Triptan medications are indicated for the acute treatment of migraine attacks with or without aura in adults. Triptans are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine. Triptans have been found to be safe and effective in the pediatric and adolescent population (1-15).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Triptan medications 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; April 2019.
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6. Imitrex nasal spray [package insert]. Research Triangle Park, NC: GlaxoSmithKline; December 2017.
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12. Zembrace SymTouch [package insert]. Princeton, NJ: Promius Pharma, LLC; February 2021.
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# 5.70.003

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	7 of 8

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## Policy History

Date	Action
March 2005	Change in Pre-PA Allowance and Prior – Approval Limits due to manufacturer’s packaging. The drug is pre-packaged in boxes of 9 tablets, and some pharmacies will not split packaging – under the old quantity limits, this resulted in member’s receiving less medication than they were approved for. This adjustment in PA limits sets the quantity limit at two times the pre-PA quantity limits, which is the same ratio as other drugs in this class.
April 2011	Annual editorial review and 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
September 2014	Revision of age to allow pediatric and adolescent use Annual editorial review and reference update
June 2015	Annual editorial review and reference update
March 2016	Annual editorial review and reference update Policy number changed from 5.02.03 to 5.70.03
March 2017	Annual 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 2019	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
March 2021	Annual review and reference update
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”

# 5.70.003

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2025
<b>Subsection:</b>	Analgesics and Anesthetics	<b>Original Policy Date:</b>	March 5, 2005
<b>Subject:</b>	5-HT1 Agonists (Triptans)	<b>Page:</b>	8 of 8

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April 2022	Renamed policy 5-HT1 Agonists (Triptans). Listed Axert as generic (almotriptan) due to brand being discontinued. Combined policies Amerge, Axert, Frova, Relpax, Sumatriptan, Sumatriptan Injection, and Zomig. Added no dual therapy with Elyxyb. Added Pre-PA quantity statement that patients are allowed Pre-PA for two triptan medications only
June 2022	Annual review
March 2023	Annual review and reference update. Changed policy number to 5.70.003
September 2023	Annual review
March 2023	Annual review and reference update
December 2024	Annual review
March 2025	Annual review

## Keywords

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**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.**