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5.70.003

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	March 5, 2005
Subject:	5-HT1 Agonists (Triptans)	**Page:**	1 of 8

Last Review Date: March 6, 2026

5-HT1 Agonists (Triptans)

Description

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

*Maxalt is found in a separate policy.

Background

The selective serotonin receptor agonists (triptans) are a class of medications used to treat migraine headaches. Triptans work by binding to serotonin receptors in the brain. Specifically, the vascular 5-HT_1 receptor subtype is present on the human basilar artery and in the vasculature of isolated human dura mater. The previously popular explanation that migraines were due to dilatation of cerebral blood vessels is no longer supported by the body of evidence. Although a more complex interaction of depolarization of neurons in the cerebral cortex, activation of the trigeminovascular system and the subsequent production of neuronal inflammation is thought to lead to migraine pain. The therapeutic activity of the serotonin 5-HT_1 receptor agonists in migraine most likely can be attributed to agonist effects at 5-$HT_{1B/1D}$ receptors on the extracerebral, intracranial blood vessels. Activation of these receptors results in cranial vessel constriction, inhibition of neuropeptide release, and reduced transmission in trigeminal pain pathways (1).

Regulatory Status
FDA-approved indication: Triptan medications are indicated for the acute treatment of migraine attacks with or without aura in adults (2-15).

Limitations of Use: (2-15)

- 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

Off-Label Use: (16)
Triptans have been found to be safe and effective in the pediatric and adolescent population.

Triptan medications are contraindicated in patients with: history of ischemic coronary artery disease or other significant underlying cardiovascular disease, history of coronary artery vasospasm, history of stroke or transient ischemic attack, peripheral vascular disease, ischemic bowel disease, uncontrolled hypertension, recent use (within 24 hours) of another 5HT1 agonist, ergotamine-containing or ergot-type medication, hemiplegic or basilar migraine, concurrent use or recent discontinuation (within 2 weeks) of a MAO-I inhibitor, and hypersensitivity to Triptan medications (2-15).

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

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

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, Ubrelvy)
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

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

Zomig	5 mg tablets	18 tablets per 90 days **AND/OR**
Zomig	5 mg nasal spray	18 units per 90 days

Prior - Approval Limits

Quantity

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

Medication with Approved Formulary Exception only	**Strength**	**Quantity**
Symbravo	20 mg/10 mg	27 tablets per 90 days

Duration 6 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

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 (1-16).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Triptan medications while maintaining optimal therapeutic outcomes.

References

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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”
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
September 2025	Annual review and reference update. Addition of Symbravo to policy as medication requiring formulary exception. Per SME, addition of contraindications in regulatory status.
March 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.