BlueCross BlueShield
Federal Employee Program

5-HT1 AGONISTS (TRIPTANS)
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.

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**

BlueCross BlueShield
Federal Employee Program

5-HT1 AGONISTS (TRIPTANS)
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.

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 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

BlueCross BlueShield
Federal Employee Program

5-HT1 AGONISTS (TRIPTANS)
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.

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**

BlueCross BlueShield
Federal Employee Program

5-HT1 AGONISTS (TRIPTANS)
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.

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

Duration 6 months

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

Prior - Approval *Renewal* Limits

Same as above