

NYRx Drug Class Coverage Overview: Antimigraine Agents

NYRx Preferred Drugs

Drugs in the Antimigraine Agents, Other and Antimigraine Agents, Triptans drug classes are included on the [NYRx Preferred Drug List \(PDL\)](#) and are subject to prior authorization (PA) requirements:

Preferred Drugs	Non-Preferred Drugs	Coverage Parameters																				
IV. Central Nervous System																						
Antimigraine Agents, Other ^{F/Q/D}																						
Aimovig® Ajovy® Emgality® 120 mg syringe, pen Nurtec™ ODT ^{CC, ST} Ubrelvy™ ST	Emgality® 100mg syringe Qulipta™ Reyvow™ ST Zavzpret™ ST	CLINICAL CRITERIA (CC) <ul style="list-style-type: none">Confirm diagnosis of FDA-approved or compendia-supported indication STEP THERAPY (ST) Acute treatment of migraine <ul style="list-style-type: none">Trial of a product from the Antimigraine Agents-Triptan class FREQUENCY/QUANTITY/DURATION (F/Q/D) <table><tr><th>Agent</th><th>F/Q/D</th></tr><tr><td>Aimovig</td><td>1 syringe/30 days</td></tr><tr><td>Emgality 120 mg</td><td>2 syringes/30 days</td></tr><tr><td>Emgality 100 mg</td><td>3 syringes/30 days</td></tr><tr><td>Ajovy</td><td>3 syringes/90 days</td></tr><tr><td>Reyvow</td><td>8 units/30 days</td></tr><tr><td>Ubrelvy</td><td>16 units/30 days</td></tr><tr><td>Nurtec™ ODT</td><td>24 units/40 days</td></tr><tr><td>Qulipta</td><td>30 units/30 days</td></tr><tr><td>Zavzpret®</td><td>8 units/30 days</td></tr></table>	Agent	F/Q/D	Aimovig	1 syringe/30 days	Emgality 120 mg	2 syringes/30 days	Emgality 100 mg	3 syringes/30 days	Ajovy	3 syringes/90 days	Reyvow	8 units/30 days	Ubrelvy	16 units/30 days	Nurtec™ ODT	24 units/40 days	Qulipta	30 units/30 days	Zavzpret®	8 units/30 days
Agent	F/Q/D																					
Aimovig	1 syringe/30 days																					
Emgality 120 mg	2 syringes/30 days																					
Emgality 100 mg	3 syringes/30 days																					
Ajovy	3 syringes/90 days																					
Reyvow	8 units/30 days																					
Ubrelvy	16 units/30 days																					
Nurtec™ ODT	24 units/40 days																					
Qulipta	30 units/30 days																					
Zavzpret®	8 units/30 days																					

Preferred Drugs	Non-Preferred Drugs	Coverage Parameters				
IV. Central Nervous System						
Antimigraine Agents – Triptans						
rizatriptan ^{F/Q/D} sumatriptan ^{F/Q/D}	almotriptan ^{F/Q/D} eletriptan ^{F/Q/D} Frova [®] ^{F/Q/D} frovatriptan ^{F/Q/D} Imitrex [®] ^{F/Q/D} Maxalt [®] ^{F/Q/D} Maxalt [®] MLT ^{F/Q/D} naratriptan ^{F/Q/D} Relpax [®] ^{F/Q/D} sumatriptan-naproxen ^{F/Q/D} Symbravo [®] ^{F/Q/D} Tosymra [™] ^{F/Q/D} Zembrace [™] SymTouch [™] zolmitriptan ^{F/Q/D} Zomig [®] ^{F/Q/D}	FREQUENCY/QUANTITY/DURATION (F/Q/D)				
		<table><tr><th>Agent</th><th>F/Q/D</th></tr><tr><td>almotriptan eletriptan (Relpax[®]) frovatriptan (Frova[®]) naratriptan rizatriptan (Maxalt[®]) rizatriptan (Maxalt[®] MLT) sumatriptan nasal spray (Imitrex[®]) sumatriptan (Imitrex[®]) sumatriptan-naproxen Tosymra[™] nasal spray zolmitriptan (Zomig[®]) zolmitriptan nasal spray (Zomig[®])</td><td>18 units/30 days</td></tr><tr><td>meloxicam/rizatriptan (Symbravo[®])</td><td>9 units/30 days</td></tr></table>	Agent	F/Q/D	almotriptan eletriptan (Relpax [®]) frovatriptan (Frova [®]) naratriptan rizatriptan (Maxalt [®]) rizatriptan (Maxalt [®] MLT) sumatriptan nasal spray (Imitrex [®]) sumatriptan (Imitrex [®]) sumatriptan-naproxen Tosymra [™] nasal spray zolmitriptan (Zomig [®]) zolmitriptan nasal spray (Zomig [®])	18 units/30 days
Agent	F/Q/D					
almotriptan eletriptan (Relpax [®]) frovatriptan (Frova [®]) naratriptan rizatriptan (Maxalt [®]) rizatriptan (Maxalt [®] MLT) sumatriptan nasal spray (Imitrex [®]) sumatriptan (Imitrex [®]) sumatriptan-naproxen Tosymra [™] nasal spray zolmitriptan (Zomig [®]) zolmitriptan nasal spray (Zomig [®])	18 units/30 days					
meloxicam/rizatriptan (Symbravo [®])	9 units/30 days					

Prior Authorization Requirements

Preferred drugs will not require PA if the required coverage parameters are found in the member's Medicaid claim history and the correct Frequency/Quantity/Duration (F/Q/D) limits are met at the time of pharmacy claim submission. Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.

Step Therapy

Drugs in this drug class are subject to the following Step Therapy (ST) requirements based on diagnosis:

- Acute treatment of migraine (Nurtec™ ODT, Reyvow, Ubrelvy™, Zavzpret™)
 - Trial of a product from the Antimigraine Agents-Triptan class

Frequency/Quantity/Duration

Drugs in this drug class are subject to the following F/Q/D requirements:

- Pharmacies must submit claims based on units per day supply as indicated in the charts below and based on the FDA label. Failure to submit the correct days supply will result in a denied claim.
 - Antimigraine Agents, Other

Agent	F/Q/D
Aimovig	1 syringe/30 days
Emgality 120 mg	2 syringes/30 days
Emgality 100 mg	3 syringes/30 days
Ajovy	3 syringes/90 days
Reyvow	8 units/30 days
Ubrelvy	16 units/30 days
Nurtec™ ODT	24 units/40 days
Qulipta	30 units/30 days
Zavzpret®	8 units/30 days

- Antimigraine Agents – Triptans

Agent	F/Q/D
almotriptan eletriptan (Relpax [®]) frovatriptan (Frova [®]) naratriptan rizatriptan (Maxalt [®]) rizatriptan (Maxalt [®] MLT) sumatriptan nasal spray (Imitrex [®]) sumatriptan (Imitrex [®]) sumatriptan-naproxen Tosymra [™] nasal spray zolmitriptan (Zomig [®]) zolmitriptan nasal spray (Zomig [®])	18 units/30 days
meloxicam/rizatriptan (Symbravo [®])	9 units/30 days

- Antimigraine Agents are subject to FDA label or compendia-supported age limits. Prescribing outside of these age limits will require the prescriber to provide additional information including supporting literature and patient clinical notes for medical exception review.

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Antimigraine Agents, Other and Antimigraine Agents, Triptans coverage criteria in the [PDL](#) and incorporate this information when discussing the need for PA with prescribers. Pharmacies must submit claims based on units per days' supply based on the FDA label. Failure to submit the correct days' supply will result in a denied claim.

What Prescribers Need to Do

Prescribers should become familiar with the Antimigraine Agents, Other and Antimigraine Agents, Triptans coverage criteria in the [PDL](#) and incorporate this information when prescribing for Medicaid members.

Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Quick List](#)
- [NYRx Prior Authorization Submission Guide](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.