

# 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	Prior Authorization/Coverage Parameters																				
<b>IV. Central Nervous System</b>																						
<b>Antimigraine Agents, Other <sup>ST, F/Q/D</sup></b>																						
Aimovig <sup>® 1</sup> Ajovy <sup>®</sup> Emgality <sup>®</sup> Nurtec <sup>™</sup> ODT Ubrelvy <sup>™ 1</sup>	Emgality <sup>®</sup> 100mg syringe Qulipta <sup>™</sup> Reyvow <sup>™</sup> Zavzpret <sup>™</sup>	<b>STEP THERAPY (ST)</b> <b>Acute treatment of migraine</b> <ul style="list-style-type: none"> <li>Trial of a product from the Antimigraine Agents-Triptan class</li> </ul> <b>Prevention of migraine</b> <ul style="list-style-type: none"> <li>Trial of 2 FDA approved or compendia supported migraine prevention products from other drug classes</li> </ul> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th>Agent</th> <th>F/Q/D</th> </tr> </thead> <tbody> <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<sup>™</sup> ODT</td> <td>24 units/40 days</td> </tr> <tr> <td>Qulipta</td> <td>30 units/30 days</td> </tr> <tr> <td>Zavzpret<sup>®</sup></td> <td>8 units/30 days</td> </tr> </tbody> </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 <sup>™</sup> ODT	24 units/40 days	Qulipta	30 units/30 days	Zavzpret <sup>®</sup>	8 units/30 days
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## 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
- Prevention of migraine (Aimovig®, Ajovy®, Emgality®, Nurtec™ODT, Qulipta)
  - Trial of 2 FDA approved, or compendia-supported migraine prevention products from other drug classes

### 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
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- Antimigraine Agents – Triptans



Agent	F/Q/D
Onzetra™ Xsail™ 11 mg	16 units/30 days
almotriptan eletriptan (Relpax®) frovatriptan (Frova®) naratriptan rizatriptan (Maxalt®) rizatriptan (Maxalt® MLT) sumatriptan nasal spray (Imitrex®) sumatriptan (Imitrex®) sumatriptan-naproxen (Treximet®) Tosymra™ nasal spray zolmitriptan (Zomig®) Zomig® nasal spray	18 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](#)

## Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at [NYRxEO@primetherapeutics.com](mailto: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.