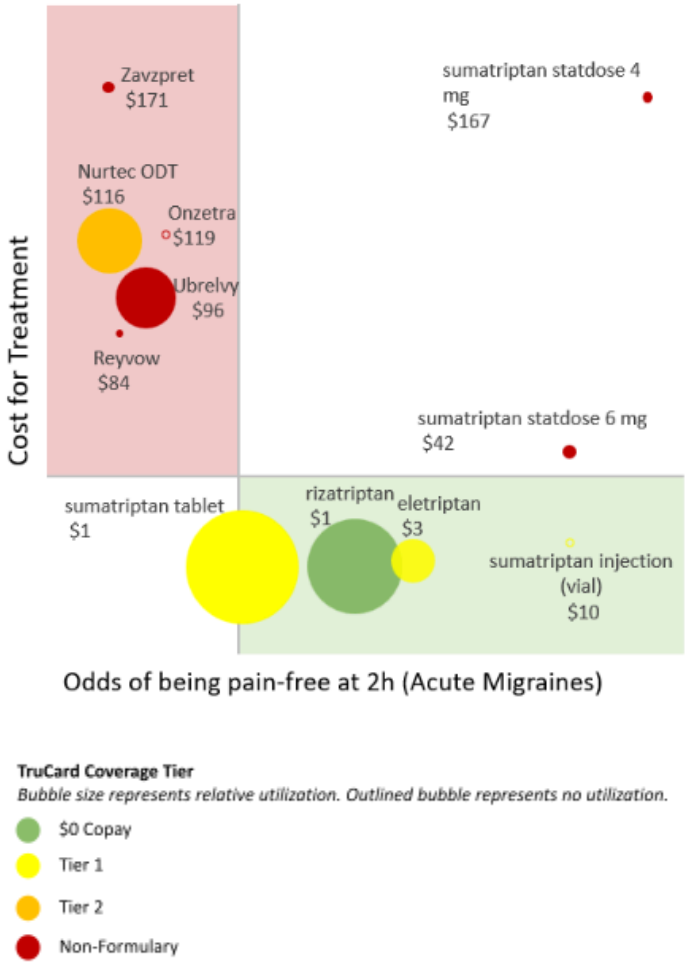
Acute Migraine

The strategic goal for acute migraine management is to prioritize treatments proven to be most effective for achieving pain relief during an acute attack. Our comparative effectiveness research (CER) analysis revealed that several high-value triptans outperform not only newer, more costly agents, but also other triptans within the class. This information drives formulary coverage for this category of drugs.

Comparative Effectiveness: Key Findings



The analysis, which assessed data from 13 meta-analyses and 32 clinical trials covering over 314,000 patients, identified three high value options for management of acute migraine:

- Sumatriptan injections, eletriptan, and rizatriptan are the most effective treatments for achieving pain freedom at two hours.
- These agents demonstrated superior efficacy compared to newer options such as Zavzpret, Ubrelvy, Nurtec, and other traditional “triptans” (sumatriptan tablet, zolmitriptan and almotriptan).

2026 Formulary Coverage & Member Cost

Drug Class	Drug Name	Coverage Tier & Member Copay	Key Status
Triptans	rizatriptan / rizatriptan ODT	$0 copay (post-deductible)	Highest Value Therapy
	eletriptan, sumatriptan injection (vial), sumatriptan tablet, sumatriptan spray *(step therapy required)*, butalbital-APAP-caffeine	Tier 1: $60/Year	High-Value therapies (eletriptan, sumatriptan injection) along with other covered triptan options.
CGRP Receptor Antagonists	Nurtec ODT	Tier 2 (PA Required): $360/Year	PA requires trial, intolerance or contraindication to high value options
	Ubrelvy, Reyvow, Zavzpret	Non-Formulary: $360/Year	Lower-value therapies; requires trial of preferred formulary options

Additional Non-Formulary items: *low value triptans (e.g. almotriptan, zolmitriptan, etc), dihydroergotamine products (Trudhesa, Brekiya) and drugs with same active ingredient to covered options (e.g. Tosymra, Onzetra) and combination products (e.g. Symbravo)*

Prescribing Strategy & Transition Plan

Initial Management (New Starts): For patients new to therapy, initiate treatment with one of the high-value triptans: rizatriptan, eletriptan, or sumatriptan injection. This strategy provides patients with highly effective options at little to no out of pocket expense.

Managing Established Patients (Transition Plan): Patients currently established on Nurtec, Reyvow, Ubrelvy, Zavzpret or another non-formulary option, will have a six-month grace period to transition to a high-value triptan. For patients with a documented contraindication to triptans or a history of failure with at least two preferred triptans (e.g. rizatriptan, eletriptan, sumatriptan injection), a request can be submitted for clinical review to consider continuation of care.

Prior Authorization (PA) Criteria at a Glance

- **Nurtec:** Requires a diagnosis of migraines with or without aura, age ≥ 18 and one of the following:
  - documented inadequate response, intolerance to at least TWO preferred triptans (eletriptan, rizatriptan, or sumatriptan injection); OR
  - Contraindication to triptans (e.g. CAD, History of MI, PVD, etc)

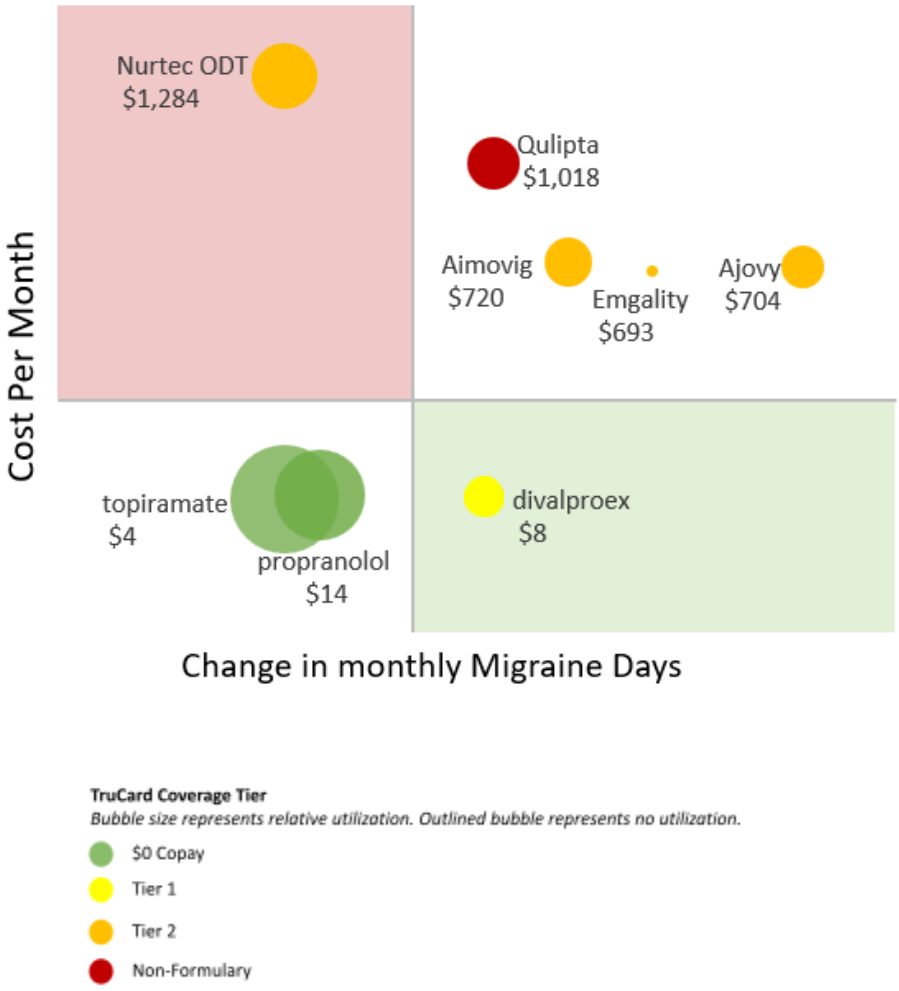
- **Non-Formulary Options (e.g. Ubrelvy, Zavzpret, etc):** Requires members to meet the criteria listed above AND demonstrate an inadequate response, intolerance or contraindication to Nurtec ODT.

NOTE: Documentation (e.g., progress notes, laboratory results, etc.) must be submitted with every prior authorization request to clinically support that the member meets all specified criteria. The coverage criteria provided are subject to periodic review and revision as new clinical evidence becomes available.

Migraine Prevention

For migraine prevention, our goal is to promote high-quality care at a lower cost. The Comparative Effectiveness Research (CER) analysis revealed that several high-value generic medications are effective options for preventing migraines for both episodic and chronic migraine. This finding allows us to inform a formulary strategy that ensures clinical outcomes without unnecessary expense.

Comparative Effectiveness: Key Findings



Based on a review of 10 meta-analyses and 27 clinical trials assessing nearly 75,000 patients, the evidence shows:

- For both episodic migraine and chronic migraine: All high value options (e.g. topiramate, propranolol and divalproex) and drugs in the CGRP class (e.g. Aimovig, Ajovy, Emgality, Nurtec, Qulipta) are effective for reducing the number of monthly migraine(s).

2026 Formulary Coverage & Member Cost

Drug Class	Drug Name	Coverage Tier & Member Copay	Key Status
Beta Blockers	propranolol	$0 copay (post-deductible)	High Value (e.g. highly effective low cost)
Anticonvulsants	topiramate	$0 copay (post-deductible)	High Value (e.g. highly effective low cost)
	divalproex	Tier 1: $60/Year	High Value (e.g. highly effective low cost)
CGRP Receptor Antagonists	Nurtec ODT, Aimovig, Ajovy, Emgality,	Tier 2 (PA Required): $360/Year	PA requires trial of two high value options
	Qulipta	Non-Formulary: $360/Year	Lower-value therapies; requires trial of preferred formulary options
Neuromuscular Blocker	Botox	Tier 2 (PA Required): $360/Year	PA requires trial of two high value options

Prescribing Strategy & Transition Plan

Initial Management (New Starts): Initiate therapy for migraine prevention with high-value generics: propranolol AND topiramate or divalproex. This provides patients with proven, effective options at a little to no out of pocket expense.

Managing Established Patients (Transition Plan): Patients currently established on a CGRP antagonist will have a six-month grace period to transition to a preferred high-value generic. For patients with a documented contraindication or intolerance to the preferred generic options, a request can be submitted for clinical review to consider continuation of care.

Prior Authorization (PA) Criteria at a Glance

- **Aimovig, Ajovy, Emgality and Botox:** Diagnosis of chronic or episodic migraine characterized by at least 4 migraine days per month and age ≥ 18, prescribed by a neurologist (Botox only) and both of the following:
  - Inadequate response (at least 90 days), intolerance, or contraindication to a beta-blocker (e.g., propranolol) AND
  - Inadequate response (at least 90 days) to either divalproex OR topiramate or contraindication/intolerance to both divalproex and topiramate.
- **Nurtec:** Criteria cited above and inadequate response, after at least 90 days of continuous therapy at optimal doses or intolerance, or contraindication, to at least two injectable prophylactic CGRP antagonists (i.e., Aimovig, Ajovy, Emgality)
- **For Qulipta:** Inadequate response to preferred generic options AND at least two injectable CGRPs AND Nurtec or intolerance, contraindication to the covered options.

NOTE: Documentation (e.g., progress notes, laboratory results, etc.) must be submitted with every prior authorization request to clinically support that the member meets all specified criteria. The coverage criteria provided are subject to periodic review and revision as new clinical evidence becomes available.