Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines:
Non-Triptan Migraine Medications

Effective: March 1, 2026

Guideline Type	☒ Prior Authorization ☒ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Aimovig (erenumab-aooe) - indicated for the preventive treatment of migraine in adults.

Ajovy (fremanezumab-vfrm) - indicated for the preventive treatment of migraine in adults and the preventive treatment of episodic migraine in pediatric patients who are 6 to 17 years of age and who weigh 45 kg or more.

Emgality (galcanezumab-gnlm) - indicated for the preventive treatment of migraine in adults, and for the treatment of episodic cluster headache in adults.

Ubrelvy (ubrogepant) - indicated for the acute treatment of migraine with or without aura in adults.

Nurtec ODT (rimegepant) - indicated for the acute treatment of migraine with or without aura in adults, and for the preventive treatment of episodic migraine in adults.

Qulipta (atogepant) - indicated for the preventive treatment of migraine in adults.

Clinical Guideline Coverage Criteria

The plan may authorize coverage of requested drugs for members when **ALL** the following criteria are met:

Aimovig (erenumab-aooe) and Ajovy (fremanezumab-vfrm)

1. Diagnosis of migraine

AND

2. Patient experiences 4 or more migraines per month

AND

3. For Aimovig, the patient is 18 years of age and older

AND

4. Patient has tried and failed TWO prophylactic drugs, each from a different drug class (please specify drug classes and/or medications):
   - Antidepressants (e.g., nortriptyline, amitriptyline, venlafaxine)
   - Beta-blockers (e.g., propranolol, metoprolol, timolol)
   - Anticonvulsants (e.g., topiramate, divalproex sodium/valproic acid)

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for migraine prevention (e.g., Aimovig, Emgality, Ajovy, Nurtec ODT, Qulipta)

AND

6. If the request is for Ajovy, one of the following:
   a. For adult patients 18 years of age and older, the patient has tried and failed therapy with both Aimovig AND Emgality
   b. The request for Ajovy is for the preventive treatment of episodic migraine the patient is between 6 to 17 years of age

Emgality (galcanezumab-gnlm):

For migraine prevention (Emgality 120 mg/mL)

1. Diagnosis of migraine

AND

2. Patient experiences 4 or more migraines per month

AND

3. Patient is 18 years of age and older

AND

4. Patient has tried and failed TWO prophylactic drugs, each from a different drug class (please specify drug classes and/or medications):
   - Antidepressants (e.g., nortriptyline, amitriptyline, venlafaxine)
   - Beta-blockers (e.g., propranolol, metoprolol, timolol)
   - Anticonvulsants (e.g., topiramate, divalproex sodium/valproic acid)

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for migraine prevention (e.g., Aimovig, Ajovy, Nurtec ODT, Qulipta)

For Episodic cluster headache (Emgality 100 mg/mL)

1. Diagnosis of episodic cluster headache

AND

2. Patient is 18 years of age and older

AND

3. Medication will not be used in combination with another CGRP antagonist that is used for migraine prevention (e.g., Aimovig, Emgality, Ajovy, Nurtec ODT, Qulipta)

Ubrelvy (ubrogepant)

1. Diagnosis of migraine with or without aura

AND

2. Will be used for the acute treatment of migraine (NOT prevention)

AND

3. Patient is 18 years of age and older

AND

4. Patient has tried and failed therapy with TWO triptans (e.g., sumatriptan, rizatriptan, zolmitriptan) OR has a contraindication to ALL triptans

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for acute migraine treatment (e.g., Nurtec ODT)

Nurtec ODT

For migraine prevention

1. Diagnosis of migraine

AND

2. Patient experiences 4 or more migraines per month

AND

3. Patient is 18 years of age and older

AND

4. Patient has tried and failed TWO prophylactic drugs, each from a different drug class (please specify drug classes and/or medications):
   - Antidepressants (e.g., nortriptyline, amitriptyline, venlafaxine)
   - Beta-blockers (e.g., propranolol, metoprolol, timolol)
   - Anticonvulsants (e.g., topiramate, divalproex sodium/valproic acid)

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for migraine prevention (e.g., Aimovig, Emgality, Ajovy, Qulipta)

For treatment of acute migraine headaches

1. Diagnosis of migraine with or without aura

AND

2. Will be used for the acute treatment of migraine (NOT prevention)

AND

3. Patient is 18 years of age and older

AND

4. Patient has tried and failed therapy with TWO triptans (e.g., sumatriptan, rizatriptan, zolmitriptan) OR has a contraindication to ALL triptans

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for acute migraine treatment (e.g., Ubrelvy)

Qulipta

1. Diagnosis of migraine

AND

2. Patient experiences 4 or more migraines per month

AND

3. Patient is 18 years of age and older

AND

4. Patient has tried and failed TWO prophylactic drugs, each from a different drug class (please specify drug classes and/or medications):
   - Antidepressants (e.g., nortriptyline, amitriptyline, venlafaxine)
   - Beta-blockers (e.g., propranolol, metoprolol, timolol)
   - Anticonvulsants (e.g., topiramate, divalproex sodium/valproic acid)

AND

5. Medication will not be used in combination with another CGRP antagonist that is used for migraine prevention (e.g., Aimovig, Emgality, Ajovy, Nurtec ODT)

Reauthorization for CGRP-Antagonists

1. The drug is prescribed for the same condition as the initial request (e.g. chronic migraine, acute migraine, Episodic cluster headaches)
2. Patient has experienced a positive response to therapy (e.g., reduction in pain, photophobia, phonophobia, nausea, or decrease in frequency of headaches or migraine attacks)
3. Medication will not be used in combination with another CGRP antagonist used for the management of the same condition (e.g. Nurtec ODT when used for the treatment of acute migraine cannot be concurrently used with Ubrelvy for the same condition)

Limitations

- Initial and reauthorization requests for Aimovig, Ajovy, Emgality, Nurtec ODT, and Qulipta when used for migraine prevention will be approved for 12 months.
- Requests for Nurtec ODT, Ubrelvy, and Reyvow when used for acute migraine treatment will be approved for 6 months. Reauthorizations for acute migraine treatment will be approved for 12 months.
- Requests for Emgality for diagnosis of episodic cluster headaches will be approved for 12 months.
- Zavzpret and Reyvow are non-formulary across all Commercial formularies.
- For a non-formulary medication request, please refer to the Pharmacy Medical Necessity Guidelines for Formulary Exceptions and submit a formulary exception request to the plan as indicated.Gabapentin and pregabalin are not considered valid trial of anticonvulsant medications for migraine prophylaxis.

Codes

None

References

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Approval And Revision History

September 13, 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- September 12, 2023: Updated the reauthorization duration for acute migraine treatment to 12 months. Minor administrative wording clean up to the limitation section.
- March 12, 2024: Added Qulipta to Non-Triptan Migraine Medications Medical Necessity Guideline (effective April 1, 2024).
- March 11, 2025: Added nortriptyline to the list of antidepressant examples used for migraine prophylaxis. Added a limitation that Gabapentin and pregabalin are not considered valid trial of anticonvulsant medications for migraine prophylaxis, also added two reference in support of this statement (effective June 1, 2025).
- October 14, 2025: Effective January 1, 2026, indicated Non-Formulary on the guideline type, as Ajovy will be moved for non-formulary status with prior authorization.
- February 10, 2026: Added expanded indication for Ajovy for pediatrics for the preventive treatment of episodic migraine
- February 2026: Administrative update to remove CareLink from Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document

will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.