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Comparative Review of Migraine
Therapeutics Coverage Across
3 Major Health Plans

The therapeutic landscape for migraine has expanded rapidly, evolving from traditional vasoconstrictive agents such as triptans to targeted biologic and small-molecule therapies that address the calcitonin gene-related peptide (CGRP) pathway.¹ These agents offer new preventive and acute treatment options, but their novel mechanisms and high costs have prompted payers to apply rigorous utilization management controls.²

To better understand these formulary dynamics, *First Report Managed Care* reviewed the 2025 formularies of Blue Cross Blue Shield (BCBS), Cigna, and UnitedHealthcare. The analysis examined tier placement, prior authorization (PA), quantity limits (QL), and other restrictions across 4 major migraine therapy classes: CGRP monoclonal antibodies, CGRP receptor antagonists (gepants), triptans, and onabotulinumtoxinA.

Table 1. CGRP Monoclonal Antibodies (Preventive)

Tier 1-5 Plans			
Drug	Tier	Plan	Requirement/Limits
AIMOVIG SOAJ (erenumab-aooe) 70 mg/ml, 140 mg/ml	2	BCBS ^{5,a}	PA
EMGALITY SOAJ 120 mg/ml; SOSY 100 mg/ml, 120 mg/ml	2	BCBS ^{5,a}	PA
VYEPTI SOLN 100 mg/ml	5	BCBS ^{5,a}	PA
AIMOVIG AUTOINJECTOR	3	Cigna ^{6,b}	PA; QL (1/30)
AJOVY AUTOINJECTOR	3	Cigna ^{6,b}	PA; QL (1.5/30)
AJOVY SYRINGE	3	Cigna ^{6,b}	PA; QL (1.5/30)
Aimovig (Subcutaneous Solution Auto-Injector)	3	UnitedHealthcare ^{7,c}	PA; QL
Emgality (300 mg dose) (100 mg/ml Subcutaneous Solution Prefilled Syringe)	4	UnitedHealthcare ^{7,c}	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	4	UnitedHealthcare ^{7,c}	PA; QL
Emgality (120 mg/ml Subcutaneous Solution Prefilled Syringe)	4	UnitedHealthcare ^{7,c}	PA; QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.⁵

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.⁶

^cLevel or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁷

Abbreviations: BCBS, Blue Cross Blue Shield; SOAJ, Solution Auto-injector; PA, prior authorization; QL, quantity limit

CGRP monoclonal antibodies represent a cornerstone of modern migraine prevention but remain positioned as high-cost specialty products across plans.³

BCBS shows relatively favorable access, assigning Aimovig and Emgality to Tier 2 with prior authorization, while reserving the

infusion-based Vyepti for Tier 5. This higher-tier placement likely reflects both its higher acquisition cost and its requirement for infusion administration, which introduces additional site-of-care expenses. The structure reflects a preference for self-administered subcutaneous agents that minimize infusion costs.

Cigna takes a moderately restrictive approach, clustering Aimovig and Ajoovy at Tier 3 with PA and QL requirements, signaling an intent to balance access with oversight.

UnitedHealthcare adopts a mixed but nuanced stance. While most Emgality formulations appear at Tier 4 with dual PA and QL restrictions, Aimovig is offered at a lower tier, suggesting a selective preference that may reflect stronger rebate agreements or greater confidence in the drug's clinical performance data. This variation underscores how payer-specific contracting and perceived differentiation among similar biologics shape coverage.

Coverage variation may reflect differing rebate agreements and utilization management philosophies. BCBS's mid-tier access suggests a theory that easier preventive access may reduce downstream acute medication costs. Cigna and UnitedHealthcare, by contrast, appear to operate under a theory that tight controls are necessary to prevent overutilization and to preserve formulary negotiating leverage with manufacturers.

Table 2. CGRP Receptor Antagonists (Gepants)

Tier 1-5 Plans			
Drug	Tier	Plan	Requirement/Limits
NURTEC TBDP 75 mg	2	BCBS ^{5,a}	PA
QULIPTA TABS 10 mg, 30 mg, 60 mg	3	BCBS ^{5,a}	PA
NURTEC ODT	5	Cigna ^{6,b}	PA; QL (16/30); NDS
Nurtec ODT	5	UnitedHealthcare ^{7,c}	PA; DL; QL
Qulippta (Oral Tablet)	5	UnitedHealthcare ^{7,c}	PA; DL; QL
Ubrelvy (Oral Tablet)	5	UnitedHealthcare ^{7,c}	PA; DL; QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.⁵

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.⁶

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Abbreviations: BCBS, Blue Cross Blue Shield; ODT, Oral Tablet Dispersible; PA, prior authorization; DL, dispensing limit; QL, quantity limit; NDS, non-extended day supply medication

The gepants—Nurtec, Qulippta, and Ubrelvy—represent a transformative shift in migraine therapy, offering oral CGRP receptor blockade for both acute and preventive indications.

BCBS again leads in relative access, listing Nurtec at Tier 2 and Qulippta at Tier 3, both with PA but no dispensing limits. This implies support for outpatient management without excessive administrative barriers.

Cigna places Nurtec ODT in Tier 5 with multiple restrictions (PA, QL, and non-extended day supply), highlighting a narrow approach to controlling high-cost novel agents. This level of restriction suggests that Cigna views gepants as therapeutically valuable but nonessential first-line options—positioning them as alternatives to be accessed only after failure of triptans or other standard therapies (see table 3).

UnitedHealthcare applies the tightest control—Tier 5 across all gepants with PA, dispensing limits (DL), and QL limits—indicating a formulary strategy that prioritizes cost containment and utilization management over patient convenience. Such placement likely

reflects a theory that these new oral agents overlap substantially with both triptans and CGRP monoclonal antibodies, warranting strict review before coverage is granted.⁴

Payer divergence likely reflects differences in rebate negotiations and strategic channel management. BCBS's favorable placement could be motivated by a theory that oral CGRP antagonists reduce emergency room (ER) visits and triptan dependence, whereas Cigna and UnitedHealthcare may prioritize cost containment given overlapping indications among CGRPs and triptans.

Table 3. 5-HT₁B/D Receptor Agonists (Triptans)

Tier 1-5 Plans							
Drug	Tier	Plan	Requirement/Limits	Drug	Tier	Plan	Requirement/Limits
sumatriptan soln 5 mg/act, 20 mg/act	1	BCBS ^{5,a}	QL	FROVA TABS 2.4 mg	3	BCBS ^{5,a}	QL
sumatriptan succinate soaj 4 mg/0.5 ml, 6 mg/0.5 ml; soct 4 mg/0.5 ml, 6 mg/0.5 ml; soln 6 mg/0.5 ml; tabs 25 mg, 50 mg, 100 mg	1	BCBS ^{5,a}	QL	frovatriptan succinate tabs 2.5 mg	1	BCBS ^{5,a}	QL
IMITREX TABS 25 mg, 50 mg, 100 mg	3	BCBS ^{5,a}	QL	naratriptan	2	Cigna ^{6,b}	QL (18/28)
IMITREX STATDOSE REFILL SOCT 6 mg/0.5 ml	3	BCBS ^{5,a}	QL	rizatriptan oral tablet	2	Cigna ^{6,b}	QL (36/28)
IMITREX STATDOSE SYSTEM SOAJ 6 mg/ 0.5 ml	3	BCBS ^{5,a}	QL	rizatriptan oral tablet, disintegrating	3	Cigna ^{6,b}	QL (36/28)
rizatriptan benzoate tabs 5 mg, 10 mg; tbdp 5 mg, 10 mg	1	BCBS ^{5,a}	QL	sumatriptan nasal spray, non-aerosol 20 mg/actuation	4	Cigna ^{6,b}	QL (18/28)
MAXALT TABS 10 MG	3	BCBS ^{5,a}	QL	sumatriptan nasal spray non-aerosol 5 mg/actuation	4	Cigna ^{6,b}	QL (36/28)
MAXALT-MLT TBDP 10 mg	3	BCBS ^{5,a}	QL	sumatriptan succinate oral	2	Cigna ^{6,b}	QL (18/28)
Zolmitriptan soln 2.5 mg, 5 mg; tabs 2.5 mg, 5 mg; tbdp 2.5, 5 mg	1	BCBS ^{5,a}	QL	sumatriptan succinate subcutaneous cartridge	4	Cigna ^{6,b}	QL (8/28)
ZOMIG SOLN 2.5 mg, 5 mg	3	BCBS ^{5,a}	QL	sumatriptan succinate subcutaneous pen injector	4	Cigna ^{6,b}	QL (8/28)
zomig tabs 2.5 mg, 5 mg	1	BCBS ^{5,a}	QL	sumatriptan succinate subcutaneous solution	4	Cigna ^{6,b}	QL (8/28)
almotriptan malalte tabs 6.25 mg, 12.5 mg	1	BCBS ^{5,a}	QL	Naratriptan HCl (Oral Tablet)	3	UnitedHealthcare ^{7,c}	QL
naratriptan hcl tabs 1 mg, 2.5 mg	1	BCBS ^{5,a}	QL	Rizatriptan Benzoate (Oral Tablet)	3	UnitedHealthcare ^{7,c}	QL
eletriptan hydrobromide tabs 20 mg, 40 mg	1	BCBS ^{5,a}	QL	Rizatriptan Benzoate ODT	3	UnitedHealthcare ^{7,c}	QL
RELPAX TABS 20 mg, 40 mg	3	BCBS ^{5,a}	QL	Sumatriptan (Nasal Solution)	4	UnitedHealthcare ^{7,c}	QL
				Sumatriptan Succinate (Oral Tablet)	2	UnitedHealthcare ^{7,c}	QL
				Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	4	UnitedHealthcare ^{7,c}	QL
				Sumatriptan Succinate (Subcutaneous Solution)	4	UnitedHealthcare ^{7,c}	QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.⁵

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.⁶

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Abbreviations: BCBS, Blue Cross Blue Shield; ODT, Oral Tablet Dispersible; SOAJ, Solution Auto-injector; QL, quantity limit

Triptans remain foundational for acute migraine treatment and are widely available in generic form.

BCBS provides broad access, listing nearly all triptans—including multiple formulations of sumatriptan, rizatriptan, zolmitriptan, and others—at Tier 1 with QL restrictions only. This reflects an accessible and cost-efficient formulary strategy.

Cigna takes a tiered approach, with most oral triptans in Tiers 2 to 3 and nasal or injectable forms in Tiers 4 to 5, applying QL to all. This suggests a preference for low-cost oral routes and discouragement of higher-cost formulations.

UnitedHealthcare generally mirrors Cigna's strategy but assigns some oral triptans to Tier 2 while maintaining QL limits across all forms.

Coverage differences likely stem from how each payer balances clinical equivalence with cost and utilization. BCBS's inclusive low-tier listing likely reflects a theory that maximizing generic access lowers total migraine burden and prevents escalation to specialty drugs. In contrast, Cigna and UnitedHealthcare may be emphasizing cost discipline by stratifying access based on route of administration and expected acquisition costs.

Table 4. OnabotulinumtoxinA (Botox)

Tier 1-5 Plans			
Drug	Tier	Plan	Requirement/Limits
BOTOX SOLR 100 unit, 200 unit	4	BCBS ^{5a}	PA

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.⁵

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization

OnabotulinumtoxinA (Botox) is approved for the preventive treatment of chronic migraine and occupies a unique position as a procedure-based biologic therapy.

BCBS lists Botox in Tier 4 with PA, consistent with its specialty designation and high cost. Cigna and UnitedHealthcare did not list the agent separately in their standard drug formularies, suggesting it is managed as a medical benefit under provider-administered injectables.

This divergence likely reflects payer differences in benefit design rather than clinical stance. BCBS's inclusion under pharmacy benefit tiers may reflect an integrated formulary model emphasizing oversight across all drug classes. Cigna's and UnitedHealthcare's absence of listing suggests reliance on medical prior authorization pathways, a theory that procedural migraine therapies are best managed through site-of-care utilization review rather than retail formulary management.

Conclusion

Across BCBS, Cigna, and UnitedHealthcare, migraine therapeutics demonstrate a consistent pattern of access shaped by drug cost, clinical role, and formulary management philosophy. CGRP monoclonal antibodies and the newer oral gepants remain positioned as high-cost specialty products, uniformly subject to prior authorization and quantity limits that restrict access to patients meeting specific diagnostic and treatment-failure criteria. Triptans, by contrast, occupy the broadest and most favorable placement across formularies, reflecting their long market tenure, generic availability, and perceived cost-effectiveness as first-line acute treatments.

OnabotulinumtoxinA (Botox) sits at the intersection of pharmacy and medical benefits, with BCBS listing it under Tier 4 while Cigna and UnitedHealthcare appear to manage it exclusively through medical prior authorization channels. This split underscores structural differences in how payers oversee procedure-based preventive treatments.

Reyov (lasmiditan), the only 5-HT_{1F} receptor agonist approved for acute migraine, was notably absent from all 3 formularies, suggesting that payers may view its therapeutic niche as overlapping with existing triptan and gepant options.

Overall, formulary placement indicates that payers continue to favor low-cost generics as foundational therapy while tightly managing access to novel CGRP-targeted agents. The resulting landscape reflects an ongoing balance between innovation and affordability—an effort to contain rising specialty drug spend while maintaining adequate access to evidence-based migraine care.

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