Pain Management – Antimigraine Agents – CGRP Antagonists

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DS – Maximum Days' Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

CL – Additional clinical information (prescriber specialty, migraine history, etc.) is required for all CGRP agents.

QL – These agents are limited to
a maximum quantity limit as
listed in the table to the right.

Medication	Quantity Limit
Atogepant (Qulipta TM)	30 tablets/30 days
Eptinezumab-jjmr (Vyepti®)	3 single dose vials (300mg)/90 days
Erenumab-aooe (Aimovig®) - 70mg, 140mg single dose syringe	3 single dose syringes/90 days
Fremanezumab-vfrm (Ajovy®) - 225mg single dose syringe	3 single dose syringes/90 days
Galcanezumab-gnlm (Emgality®) - 100mg single dose syringe	3 single dose syringes/30 days
Galcanezumab-gnlm (Emgality®) - 120mg single dose pen/syringe	7 single dose syringes/180 days
Rimegepant (Nurtec® ODT)	16 tablets/30 days
Ubrogepant (Ubrelvy®)	16 tablets/30 days

<u>TD</u> – These agents are monitored at the pharmacy POS for duplication of therapy.

- Injectable CGRP agents with other injectable CGRP agents.
- Oral CGRP agents with other oral CGRP agents.

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Revision / Date	Implementation Date
Created POS Document	February 2020
Added quantity limits / July 2019	July 2019
Added Nurtec TM ODT, Ubrelvy TM and Vyepti TM / July 2020	August 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Updated quantity limit for Nurtec™ ODT / June 2021	January 2022
Added quantity limit for Qulipta TM / October 2021	April 2022
Updated quantity limit for Nurtec™ ODT / October 2022	April 2023
Formatting changes / August 2023	October 2023
Added therapeutic duplication edit / November 2024	<u>March 2025</u>