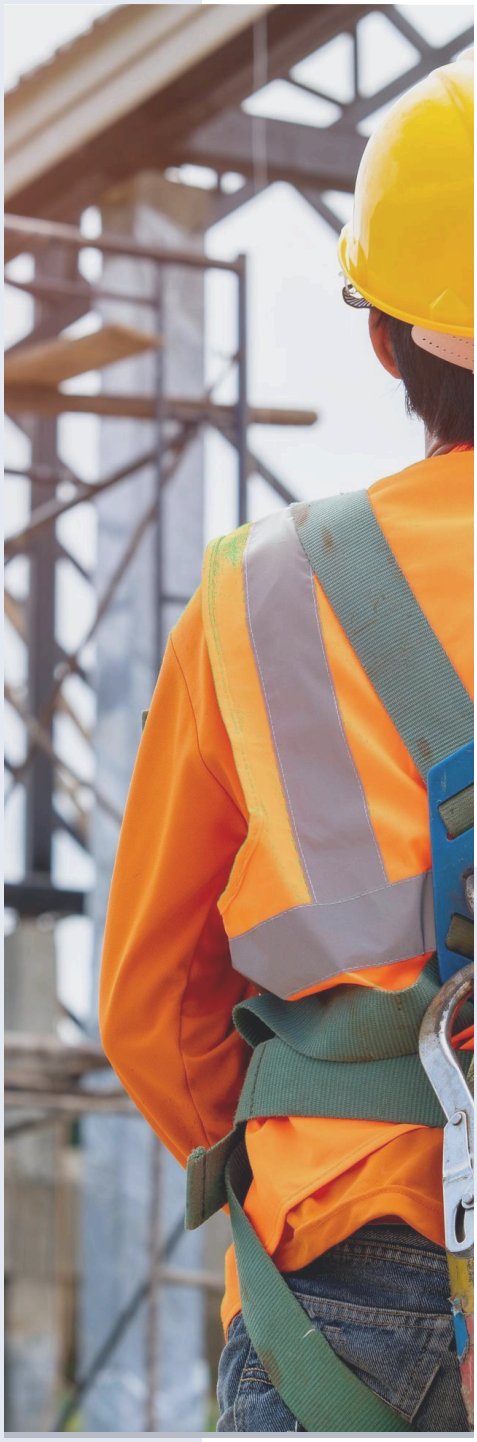
Report on Migraine Drugs in the New York Workers' Compensation System

Introduction and Background



The purpose of this report is to study the evolving role of migraine medications in the **New York State workers' compensation system.** To this end, this report examines historical migraine drug prescriptions with a focus on a newer category of migraine drugs known as **calcitonin gene-related peptides ("CGRP").**[1]

Migraine drugs are an effective way of managing migraine pain and aura,[2] **which is the sensation that occurs before the onset of a migraine headache.** In the workers' compensation system, migraine drugs have been prescribed to claimants whose injuries include a migraine or headache component.

[1] CGRP medications may also be referred to as CGRP inhibitors.

[2] *See, e.g.*, A. V. Thomsen, H. Ashina, H.M. Al-Khazali, K. Rose, et al., Clinical Features of Migraine With Aura: A Reform Study, (2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC10865578/pdf/10194_2024_Article_1718.pdf.

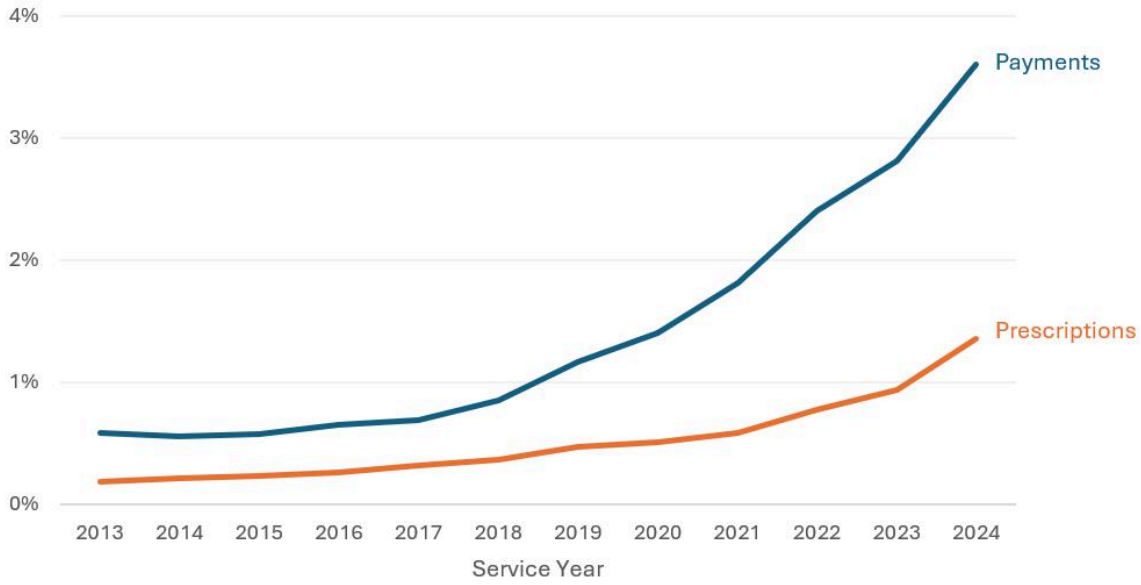
Between 2018 and 2024, the share of migraine drug spend out of total drug spend, as well as the share of migraine prescriptions out of all prescriptions, has increased significantly. This phenomenon is not unique to the New York system. In 2024, the California Workers' Compensation Institute reported on the increase in migraine drug prescriptions in the California workers' compensation system.[3] Exhibit 1 shows the historical percentage of drug payments attributed to migraine drugs and how it has increased in recent service years.[4]

[3] *See* B. Young, Trends in the Utilization and Reimbursement of Migraine Drugs in California Workers' Compensation, (2024), https://www.cwci.org/press_release.html? id=1025.

[4] The increasing percentage of drug payments associated with migraine medications is not associated with the recent decline in opioid utilization. The decreases in opioid utilization were most prominent prior to 2020, when the level of opioid utilization began to stabilize around current levels. The increase in migraine drug utilization is most prominent after 2020. For more details, *see* New York Compensation Insurance Rating Board, Indemnity Severity Trends in New York State, p. 13 (2025), https://www.nycirb.org/nycirb-documents/documents/2025-Indemnity-Severity-Trends-in-New-York-State.pdf.

Exhibit 1

Migraine Drugs as a Percentage of Overall Drug Payments and Prescriptions



Source: NYCIRB Medical Data

Types of Migraine Drugs

Migraine medications can be placed into two categories: (i) pain-relieving agents, including non-steroidal and anti-inflammatory drugs and triptans,[5] which are administered during acute attacks and designed to reduce or eliminate symptoms, and (ii) preventive agents, which are taken regularly to reduce migraine frequency.[6] While most CGRP medications function as preventive agents, a few are utilized for acute pain relief. Despite being newer drugs,[7] CGRP medications have recently gained traction due to their efficacy and reduced side-effect profiles.[8]

Nearly all migraine drug payments in the New York workers' compensation system can be attributed to eight migraine medications. Exhibit 2 displays some key information regarding these eight migraine medications, including their classifications as migraine drugs, as well as their uses.

[5] Examples include Sumatriptan and Rizatriptan.

[6] *See, e.g,* Migraine - Diagnosis and Treatment - Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/migraine-headache/diagnosis-treatment/drc-20360207.

[7] The first CGRP medications were approved for use by the FDA for migraine prevention in 2018. *See* C. T. King, C. V. Gegg, S. N. Hu, H. Sen Lu, et al., Discovery of the Migraine Prevention Therapeutic Aimobig (Erenumab), the First FDA-Approved Antibody against G-Protein-Coupled Receptor, (2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC7088995/pdf/pt9b00061.pdf.

[8] *See, e.g.*, M. Eller, K. Schwarzová, L. Gufler, A. Karisik, et al., CGRP-Target Migraine Therapies in Patients With Vascular Risk Factors or Stroke, (2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12187386/pdf/WNL-2025-200796.pdf.

Exhibit 2

The Top Eight Migraine Drugs in the New York Workers' Compensation System

Drug Name	Brand Name	Uses[9,10]	Generic Availability
CGRPs-Receptor Antagonists (gepants)			
Rimegepant	Nurtec	Acute relief and prevention	No
Ubrogepant	Ubrelvy	Acute relief	No
Atogepant	Qulipta	Prevention	No
CGRPs-Monoclonal Antibodies (moAbs)			
Erenumab	Aimovig	Prevention	No
Fremanezumab	Ajovy	Prevention	No
Galcanezumab	Emgality	Prevention	No
Triptans			
Sumatriptan	Imitex and others	Acute relief	Yes
Rizatriptan	Maxalt	Acute relief	Yes

The increase in the share of migraine drugs is primarily attributed to increased utilization of CGRPs, and more specifically, two CGRP antagonists: Rimegepant and Ubrogepant.

Migraine Drugs Spend and Average Payment per Prescription

In service year 2024, Rimegepant and Ubrogepant (brand name drugs without corresponding generic equivalents) accounted for over 50% of total migraine drug payments. A more traditional migraine drug—Sumatriptan—has historically been the most prescribed migraine drug in the system and is available in generic form. The cost of Sumatriptan, which is included in the New York Workers' Compensation Drug Formulary, is lower than the other two drugs described.[11] **While Sumatriptan is the most highly utilized migraine drug, accounting for 36% of migraine prescriptions, it only accounts for 10% of migraine drug payments.** Exhibit 3 shows the percentage of migraine drug payments and prescriptions attributed to the top three migraine medications in service year 2024.

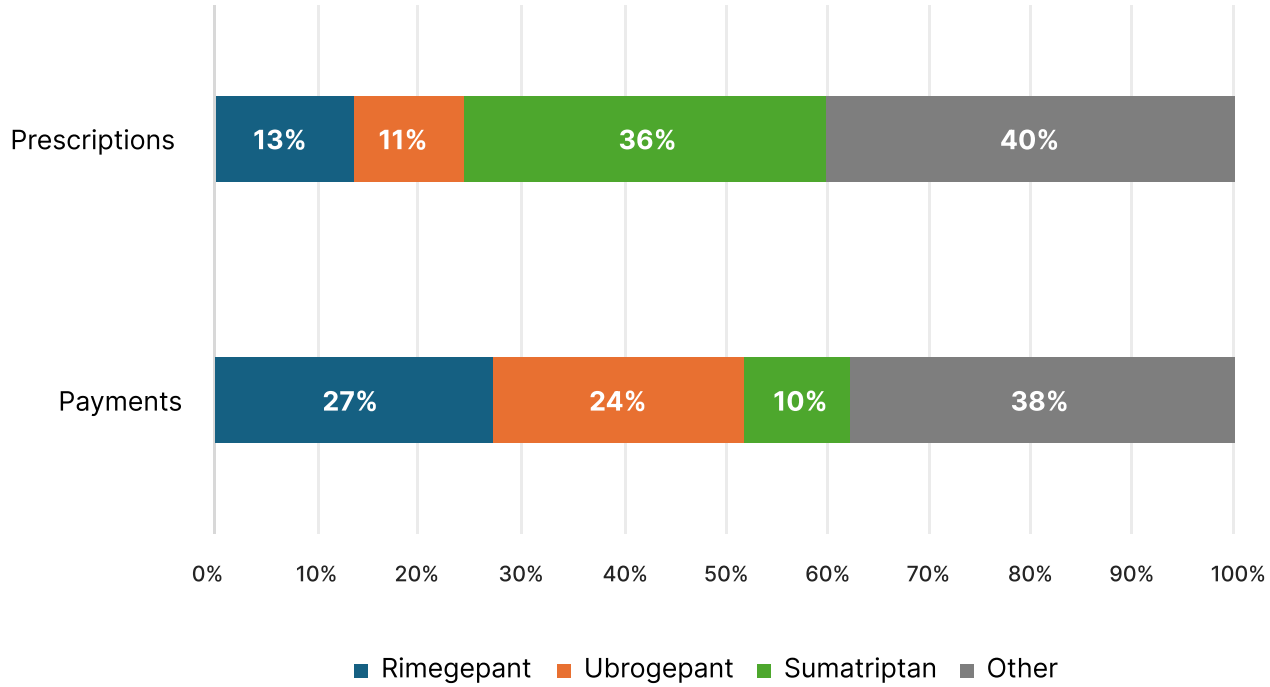
[9] *See* Association of Migraine Disorders, American Headache Society Position Statement: Calcitonin Gene-Related Peptide (CGRP) Inhibitors should now be considered a first-line option for migraine prevention - Association of Migraine Disorders, (2024), https://www.migrainedisorders.org/ahs-statement-cgrp/.

[10] *See*, *e.g.*, M. Hefland, K. Peterson, M. McDonagh, Drug Class Review. Triptans: Final Report Update 4, (2009), https://www.ncbi.nlm.nih.gov/books/NBK47287/pdf/Bookshelf_NBK47287.pdf.

[11] *See* New York Workers' Compensation Board, Drug Formulary, https://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/NYS-drug-formulary.pdf.

Exhibit 3

Percentage of Migraine Drug Payments and Prescriptions by Drug in Service Year 2024

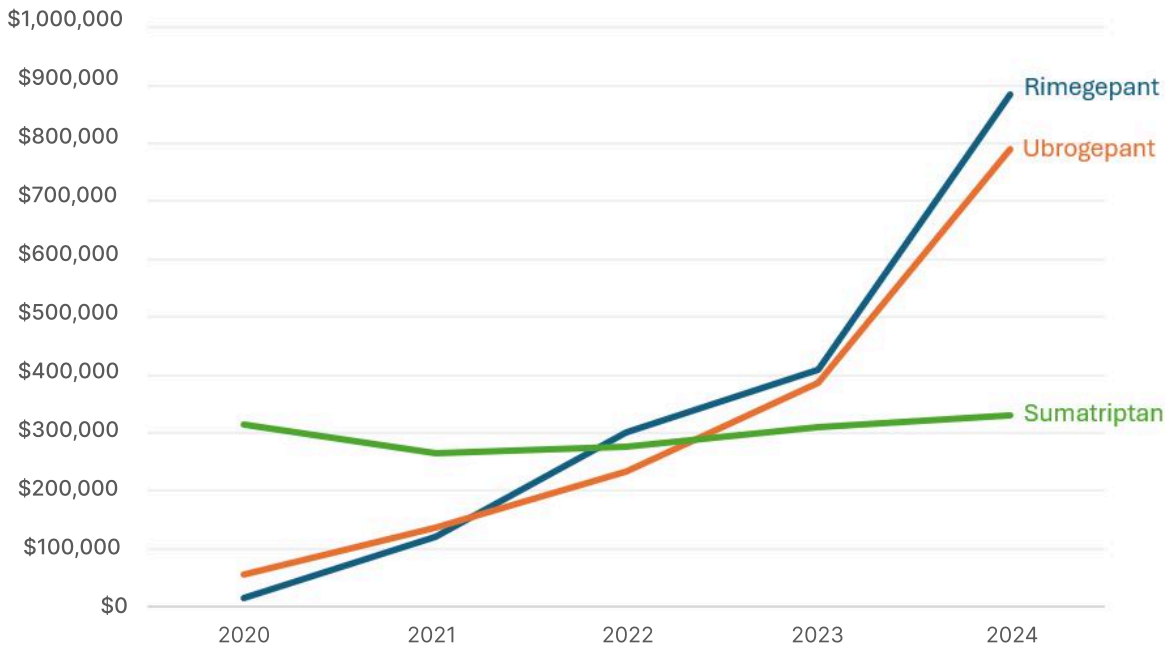


Source: NYCIRB Medical Data

As of 2024, Rimegepant and Ubrogepant have overtaken Sumatriptan as the largest cost driver of migraine drug payments in the New York workers' compensation system. The system spend on Sumatriptan, on the other hand, has remained relatively stable due to consistent pricing and utilization in the most recent service years. Exhibit 4 shows the total amount paid by service year for drug prescriptions attributed to each of the top three migraine drugs.

Exhibit 4

Amount of Total Payments Attributed to the Top 3 Migraine Drugs by Service Year



Source: NYCIRB Medical Data

The observed increase in the total spend on Rimegepant and Ubrogepant is attributed to (i) the increasing cost per prescription for these two drugs,[12] (ii) the increasing number of claimants prescribed Rimegepant and Ubrogepant,[13] and (iii) an increasing number of prescriptions per claimant for these two drugs.[14]

Rimegepant and Ubrogepant are the two most expensive migraine drugs in the workers' compensation system, each costing over $1,000 per prescription on average. Since service year 2020, the cost per prescription of these two CGRP medications has increased, while the payments per prescription for other migraine drugs in the system have remained relatively stable.[15] In fact, six out of the top eight migraine drugs (in terms of paid amounts) in the New York workers' compensation system are currently CGRP medications, all of which have a higher average payment per prescription than triptans.[16] Exhibit 5 compares the average price per prescription of Rimegepant and Ubrogepant with Sumatriptan.

[12] *See* Exhibit 5.

[13] *See* Exhibit 7.

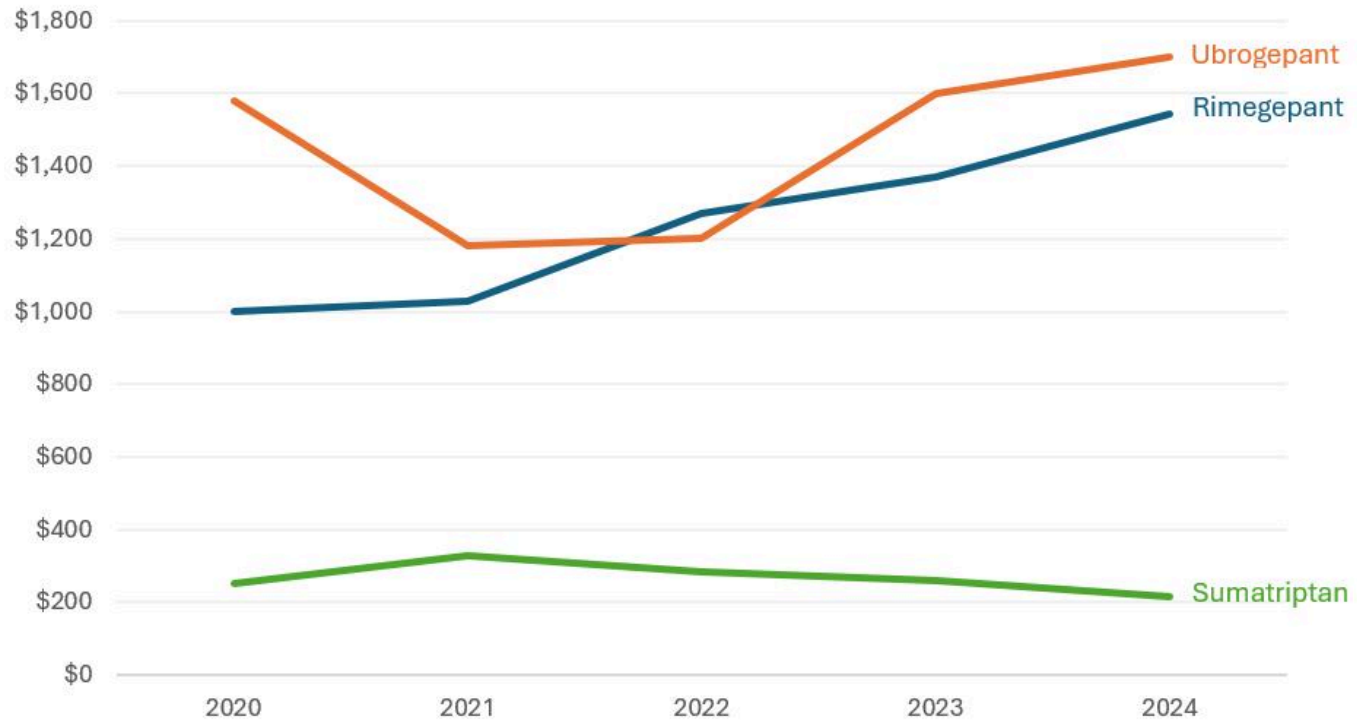
[14] *See* Exhibit 8.

[15] As indicated earlier, CGRP medications do not currently have any generic equivalent medications available, which contributes to their higher cost.

[16] Source: NYCIRB Medical Data

Exhibit 5

Average Payment per Prescription for the Top 3 Migraine Drugs by Service Year



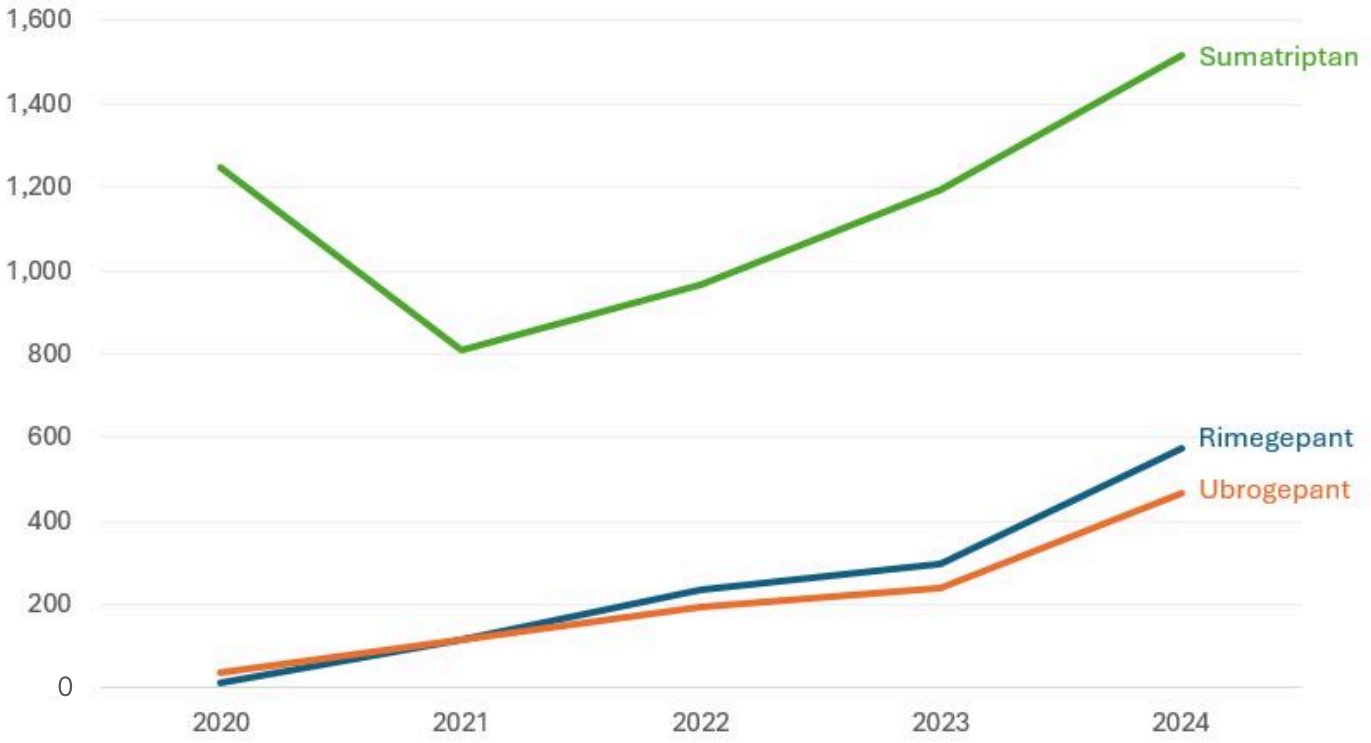
Source: NYCIRB Medical Data

Migraine Drugs: Utilization

While the utilization of CGRP medications, and specifically, Rimegepant and Ubrogepant, the two most expensive migraine drugs, has been on the rise, the utilization of Sumatriptan has also continued to increase. In other words, there is no evidence that CGRPs are being prescribed as an alternative, replacing the more traditional migraine drugs. Exhibit 6 shows the number of prescriptions by service year for each of the top 3 migraine drugs in the New York workers' compensation system.

Exhibit 6

Number of Prescriptions for the Top 3 Migraine Drugs by Service Year

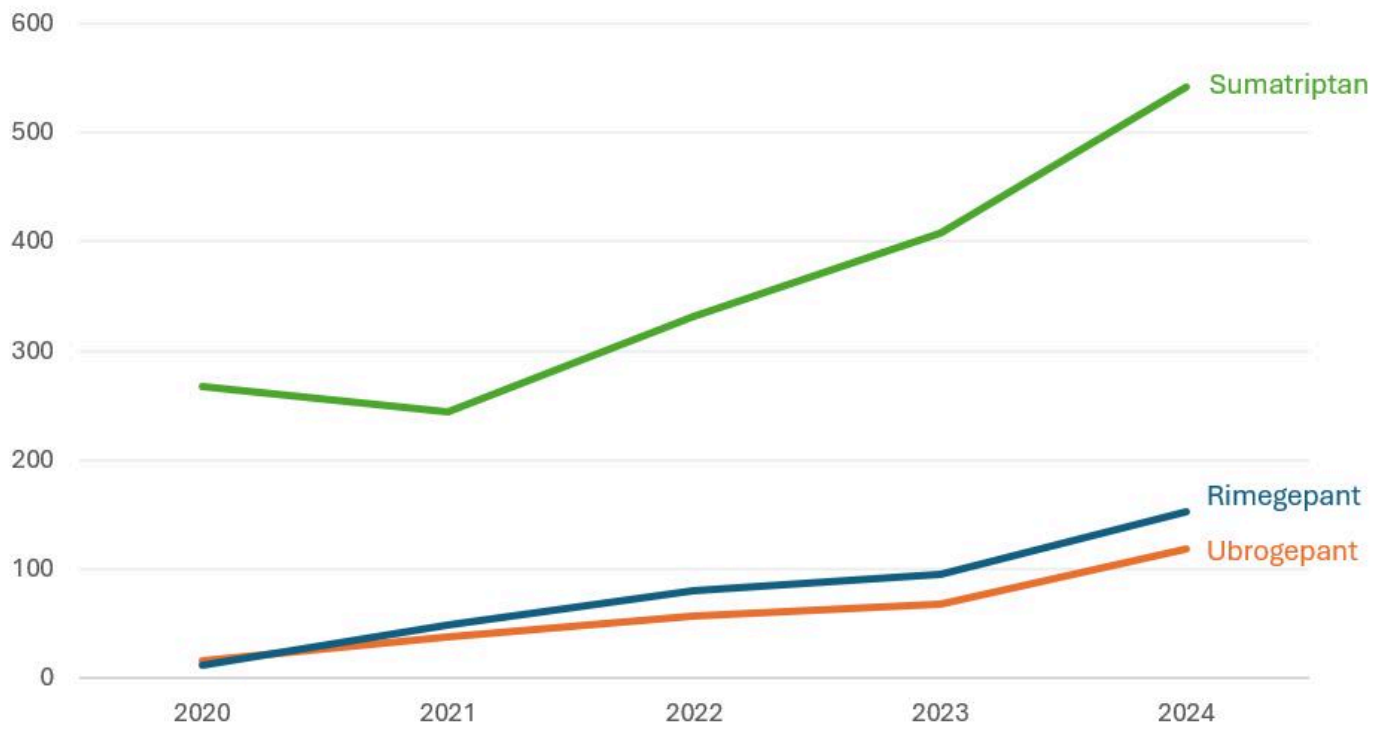


Source: NYCIRB Medical Data

The increasing utilization of Rimegepant and Ubrogepant is driven, in part, by an increasing number of claims with prescriptions for both medications. Following a decrease during the COVID-19 pandemic period, the utilization of Sumatriptan has also increased in recent years. Exhibit 7 shows the number of claims which have been prescribed the top 3 migraine drugs by service year.

Exhibit 7

Number of Claims Involving the Top 3 Migraine Drugs by Service Year

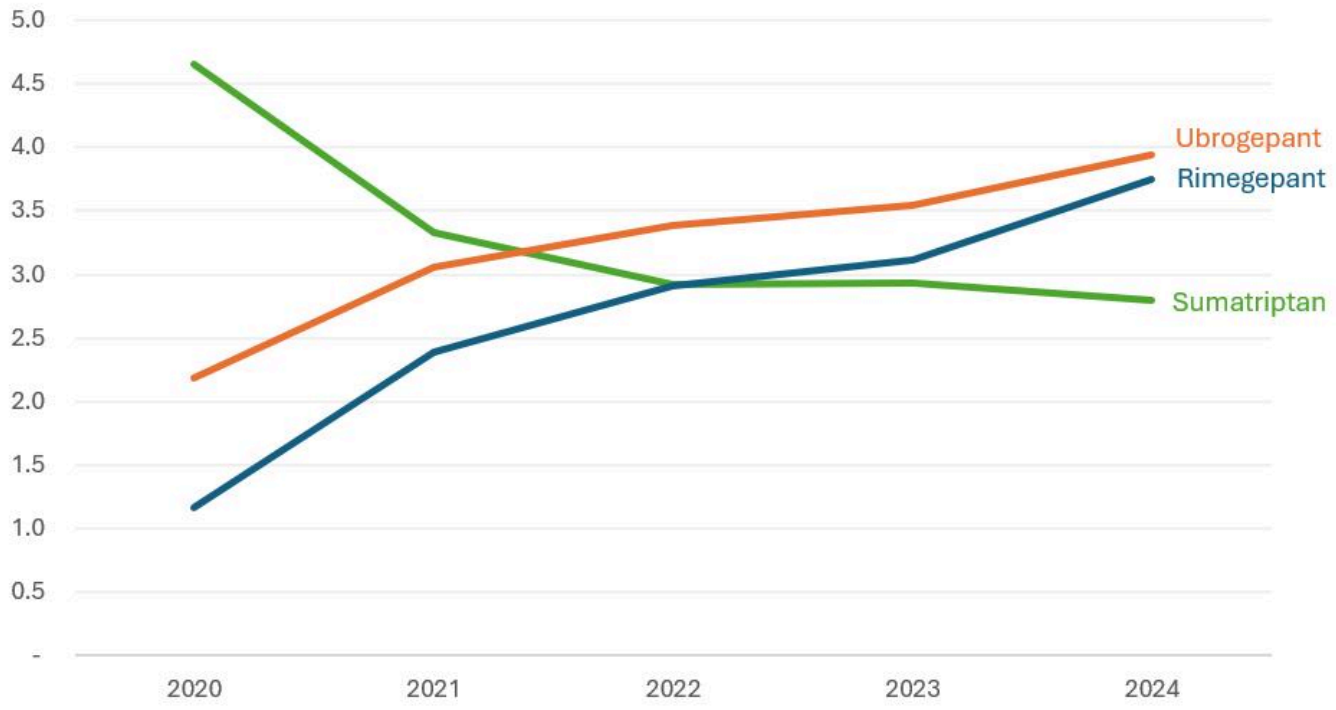


Source: NYCIRB Medical Data

While the number of claims involving the top 3 migraine drugs has increased, the average number of prescriptions per claim by service year varies by drug. From 2020 to 2024, the average number of prescriptions per claim for Rimegepant and Ubrogepant increased, whereas the average number of prescriptions per claim for Sumatriptan decreased. Exhibit 8 shows the average number of prescriptions per claim for each of these three drugs in service years 2020 through 2024.

Exhibit 8

Number of Prescriptions per Claim for the Top 3 Migraine Drugs by Service Year



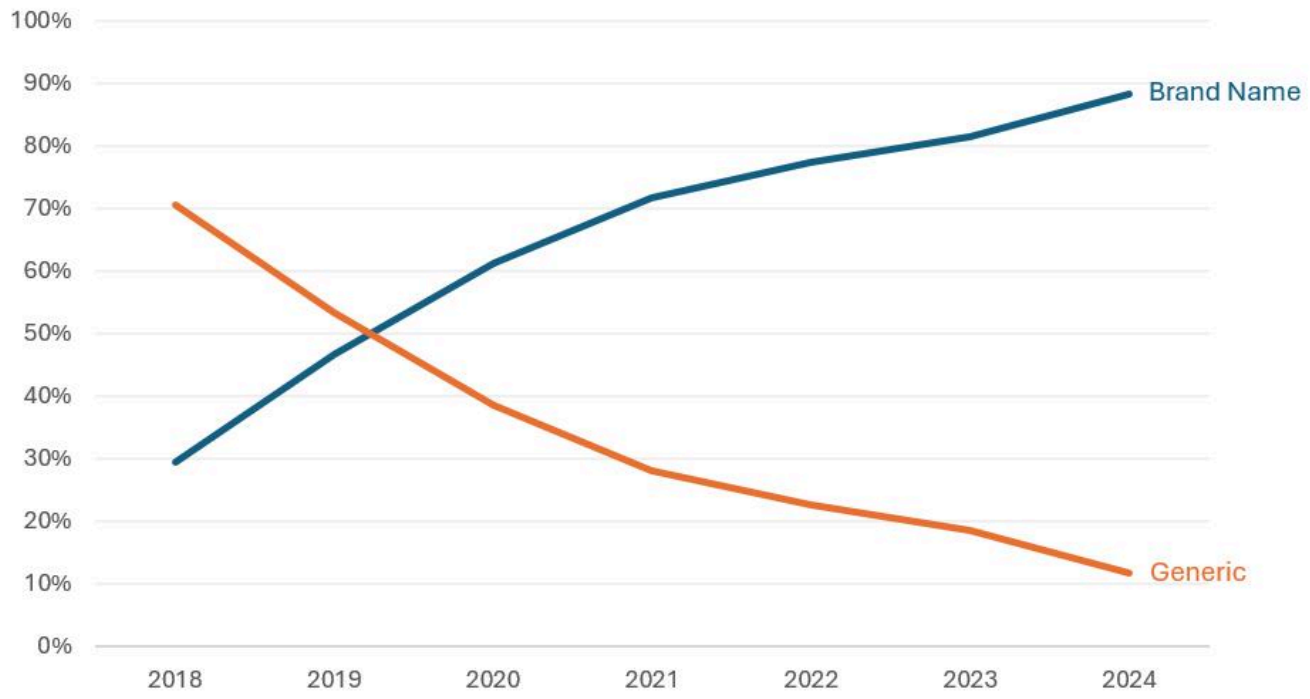
Source: NYCIRB Medical Data

Migraine Drugs: Brand Name vs. Generic

In service year 2018, when CGRP medications were first introduced, over 90% of migraine drug payments were for generic medications. By service year 2024, the distribution of generic vs. brand name migraine drugs reversed course, with nearly 90% of migraine drug payments made for brand name medications (CGRP medications do not currently have any generic equivalent medications available). As both the cost and utilization for CGRPs medications have increased, the share of payments for migraine drug prescriptions attributed to brand name drugs increased as well. Exhibit 9 highlights the relationship between brand name and generic drugs as a share of migraine drug payments.

Exhibit 9

Percentage of Migraine Drug Payments Allocated to Brand Name and Generic Drugs by Service Year



Source: NYCIRB Medical Data

What's Next?

CGRP medications are not yet listed in the New York Workers' Compensation Drug Formulary,[17] however, in 2024 the American Headache Society updated its guidance to state that CGRP targeting therapies are a first-line option for migraine prevention and should not require trial and failure of non-specific migraine preventive medication approaches.[18] As a result, CGRP utilization is likely to continue to increase as it becomes the medical standard of migraine care.

As the landscape in migraine care continues to change, we remain committed to monitoring and reporting on trends in the New York workers' compensation system.

[17] *See* New York Workers' Compensation Board, Drug Formulary, https://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/NYS-drug-formulary.pdf.

[18] *See* A. C. Charles, K. B. Digre, P. J. Goadsby, M. S. Robbins, et al., Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update, (2024), https://headachejournal.onlinelibrary.wiley.com/doi/epdf/10.1111/head.14692.