



[Workers' Comp](#)

Ask The Pharmacist: CGRP Therapies for Migraine Management in Workers' Compensation

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How can CGRP therapies improve outcomes in workers' compensation migraine claims?

Migraines affect around one out of every six Americans in the adult population and can significantly impact workplace productivity and quality of life. For adjusters managing claims involving chronic or post-traumatic migraines, understanding emerging medication options can be the key to approving care that drives real recovery.

One class of treatments gaining traction is CGRP therapies. These medications target the calcitonin gene-related peptide (CGRP) pathway, blocking either the CGRP protein itself or its receptors, halting the brain signals that lead to migraine pain. Unlike traditional treatments, CGRP therapies are designed specifically for migraines, and they offer relief without many of the sedation or opioid-related side effects that can impair job performance.

Workers' Compensation Considerations

CGRP therapies may be appropriate in workers' compensation claims where the injured employee suffers from post-traumatic headaches following a work-related head injury, or when migraines are aggravated by occupational stressors or environmental triggers. These medications provide a treatment path that prioritizes migraine-specific relief without impairing job performance, critical when evaluating an injured employee's readiness to return to work.

When reviewing requests for CGRP therapies, adjusters should look for clear documentation linking the condition to a work-related incident or environment. There should also be clinical evidence showing that conventional treatment methods were attempted and didn't improve symptoms enough. Importantly, documentation should indicate how the therapy contributes to functional recovery and potential return-to-work outcomes.

These medications typically cost \$600 to \$1,200 per month. That may raise a red flag during utilization review. However, they can reduce overall claim costs by shortening disability durations, preventing ER visits, and reducing the need for multiple medications. Early safety data is promising, though long-term results are still being studied.

CGRP Therapy Categories

Injectable Preventive Options (Monoclonal Antibodies)

- **Erenumab (Aimovig)** - Monthly subcutaneous injection
- **Fremanezumab (Ajovy)** - Monthly or quarterly subcutaneous injection
- **Galcanezumab (Emgality)** - Monthly subcutaneous injection
- **Eptinezumab (Vyapti)** - Quarterly intravenous infusion

Oral and Nasal Options (Receptor Antagonists)

- **Ubrogepant (Ubrelvy)** - Oral tablet for acute treatment
- **Rimegepant (Nurtec ODT)** - Orally disintegrating tablet for both acute and preventive treatment
- **Atogepant (Qulipta)** - Oral tablet for prevention
- **Zavegepant (Zavzpret)** - Nasal spray for acute treatment

Key Differences

CGRP therapies fall into two primary formats: injectables and oral/nasal treatments. Injectables, such as monoclonal antibodies, are used preventively and are administered on a monthly or quarterly basis. These tend to

have a slower onset of action, taking several weeks to take full effect. On the other hand, oral and nasal receptor antagonists are generally used for acute treatment or prevention and act within hours of administration. Their dosing may be daily or as-needed. In terms of side effects, injectable options may cause injection site irritation or muscle aches, while oral and nasal therapies are more likely to result in nausea or fatigue.

If you're managing migraine-related claims that aren't progressing, CGRP therapies may be a key to resolution. These medications are targeted, generally well-tolerated, and support return-to-work goals. Understanding how they work and what documentation to look for can help you make informed, confident decisions that support recovery.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional such as the prescribing doctor or dispensing pharmacist.

Do you have a workers' compensation or auto-related pharmacy question? Send us an email at AskThePharmacist@enlyte.com.

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References:

<https://headachejournal.onlinelibrary.wiley.com/doi/abs/10.1111/head.13281>

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13456>

<https://pubmed.ncbi.nlm.nih.gov/30661365/>

<https://headachejournal.onlinelibrary.wiley.com/doi/10.1111/head.14153>

<https://pubmed.ncbi.nlm.nih.gov/30242830/>

<https://www.ajmc.com/view/estimating-the-economic-burden-of-migraine-on-us-employers>



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