curative

Migraine Agents Prior Authorization

Drug(s) Applied:	**Aimovig** (erenumab), **Ajovy** (fremanezumab-vfrm), **Emgality** (galcanezumab), **Nurtec ODT** (rimegepant sulfate), **Reyvow** (lasmiditan)

Criteria:
Drug(s) Applied will be approved when the requested medication is being used for an FDA-approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Chronic migraine prophylaxis as indicated within past 120 days

1. Requested agent and strength is FDA approved for chronic migraine prophylaxis (e.g. Aimovig, Ajovy, Emgality 120mg) **and**
2. Patient has 4 or more migraines with or without aura per month **and**
3. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP **and**
4. ONE of the following:
   a) Patient has tried and had an inadequate response to at least TWO migraine prophylactic classes [i.e., anticonvulsants (i.e., divalproex, valproate, topiramate), beta blockers (i.e., metoprolol, nadolol, propranolol, timolol), antidepressants (i.e., amitriptyline, venlafaxine ER), candesartan] after an adequate trial **or or**
   b) Patient has an intolerance or FDA labeled contraindication to ALL migraine prophylaxis agents listed above **and**
5. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to the requested drug, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 6 months

B. Episodic migraine prophylaxis as indicated within past 120 days

1. Requested agent and strength is FDA approved for episodic migraine prophylaxis (e.g. Aimovig, Ajovy, Emgality 120mg, Nurtec 16 per 30 days) **and**
2. Patient has 4 or more migraines with or without aura per month **and**
3. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP agent **and**
4. ONE of the following:
   a) Patient has tried and had an inadequate response to at least TWO

migraine prophylactic classes [i.e., anticonvulsants (i.e., divalproex, valproate), beta blockers (i.e., metoprolol, nadolol, propranolol, timolol), antidepressants (i.e., amitriptyline, venlafaxine ER), candesartan] after an adequate trial **or**

b) Patient has an intolerance or FDA labeled contraindication to ALL migraine prophylaxis agents listed above **and**

5. If for Nurtec, chart notes confirm ALL of the following:
   a) Patient has greater than 4 migraine headache days per month and less than 8 migraine headache days per month for a minimum of 3 months **and**
   b) Patient has less than 15 headache days per month **and**
   c) Patient has tried and had an inadequate response to Ajovy, and Aimovig, and Emgality 120mg **and**
6. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to the requested drug, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 6 months

C. Episodic cluster headache treatment as indicated within past 120 days

1. Requested agent and strength is FDA approved for episodic cluster headache treatment (e.g. Emgality 300mg) **and**
2. Patient has had at least 5 cluster headache attacks **and**
3. Patient has at least two cluster periods lasting 7-365 days when untreated **and**
4. Patient's cluster periods are separated by a pain-free remission period of at least 3 months **and**
5. ONE of the following:
   a) Patient has tried and had an inadequate response to a standard prophylactic generic (e.g. verapamil, topiramate, lithium) **or**
   b) Patient has an intolerance or FDA labeled contraindication to all standard prophylactic generics **and**
6. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to the requested drug, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 12 months

D. Acute migraine treatment as indicated within past 120 days

1. Requested agent and strength is FDA approved for acute migraine treatment (e.g. Reyvow, Nurtec 8 per 30 days) **and**

2. ONE of the following:
    a) Patient has tried and had an inadequate response to at least TWO triptan agents **or**
    b) Patient has an intolerance or FDA labeled contraindication to ALL triptan agents **and**
3. If for Nurtec, chart notes confirm patient has tried and had an inadequate response to Reyvow **and**
4. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another acute migraine therapy (i.e., triptan, 5HT-1F, ergotamine, acute use CGRP) **and**
5. Chart notes and/or prescriber do not provide documentation of any FDA labeled contraindications to the requested drug, or prescriber has documented that the benefits outweigh the risk despite having a contraindication

Approval Duration: 12 months

II. Continued Therapy Criteria

A. Chronic migraine prophylaxis as indicated within past 12 months

1. Patient meets the initial therapy criteria above **and**
2. Requested agent and strength is FDA approved for the specific indication (e.g. Aimovig, Ajovy, Emgality 120mg) **and**
3. Documented clinical benefit since starting the requested agent (i.e., reduced migraine headache days, reduced migraine severity or duration, reduced use of acute abortive migraine medication) **and**
4. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP

Approval Duration: 12 months

B. Episodic migraine prophylaxis as indicated within past 12 months

1. Patient meets the initial therapy criteria above **and**
2. Requested agent and strength is FDA approved for the specific indication (e.g. Aimovig, Ajovy, Emgality 120mg, Nurtec 16 per 30 days) **and**
3. Documented clinical benefit since starting the requested agent (i.e., reduced migraine headache days, reduced migraine severity or duration, reduced use of acute abortive migraine medication) **and**
4. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP

Approval Duration: 12 months

C. **Episodic cluster headache treatment** as indicated within past 12 months
    1. Patient meets the initial therapy criteria above **and**
    2. Requested agent and strength is FDA approved for episodic cluster headache treatment (e.g. Emgality 300mg) **and**
    3. Documented clinical benefit since starting the requested agent (i.e., improvement in cluster headaches management)

    Approval Duration: 12 months

D. **Acute migraine treatment** as indicated within past 12 months
    1. Patient meets the initial therapy criteria above **and**
    2. Requested agent and frequency is FDA approved for acute migraine treatment (e.g. Reyvow, Nurtec 8 per 30 days) **and**
    3. Documented clinical benefit since starting the requested agent (i.e., improvement in acute migraine management) **and**
    4. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another acute migraine therapy (i.e., triptan, 5HT-1F, ergotamine, acute use CGRP)

    Approval Duration: 12 months

Policy Owned by: Curative PBM team