curative

Migraine Agents Prior Authorization

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

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 by chart notes within past 120 days
  1. Patient has migraine-like or tension-like headache for at least 15 headache days per month for a minimum of 3 months **and**
  2. Patient has migraine with or without aura at least 8 migraine days per month for a minimum of 3 months **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. Requested agent and strength is FDA approved for migraine prophylaxis (e.g. Aimovig, Ajovy, Emgality 120mg) **and**
  5. ONE of the following:
     a) Patient has tried and had an inadequate response to at least TWO migraine prophylaxis class [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 as defined by BOTH of the following:
        (1) Trial length was at least 2 months at therapeutic dose **and**
        (2) Patient was greater than or equal to 80% adherent to the prophylaxis agent during the trial (provider attestation) **or**
     b) Patient has an intolerance or FDA labeled contraindication to ALL migraine prophylaxis agents listed above **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

B. Episodic migraine prophylaxis as indicated by chart notes within past 120 days

1. Patient has migraines with less than 15 headache days per month **and**
2. ONE of the following:
    a) Patient has greater than 4 migraine headache days per month **or**
    b) Patient's migraine attacks cause significant disability or diminished quality of life despite appropriate therapy with acute agents only **or**
    c) Patient has contraindications to acute therapies **or**
    d) Patient has tried and received inadequate response to acute therapies **or**
    e) Patient has serious side effects to acute therapies **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. Requested agent and strength is FDA approved for episodic migraine prophylaxis (e.g. Aimovig, Ajovy, Emgality 120mg, Nurtec) **and**
5. ONE of the following:
    a) Patient has tried and had an inadequate response to at least TWO migraine prophylaxis class [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 as defined by BOTH of the following:
        (1) Trial length was at least 2 months at therapeutic dose **and**
        (2) Patient was greater than or equal to 80% adherent to the prophylaxis agent during the trial (provider attestation) **or**
    b) Patient has an intolerance or FDA labeled contraindication to ALL migraine prophylaxis agents listed above **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 by chart notes within past 120 days

1. Patient has had at least 5 cluster headache attacks **and**
2. Patient has at least two cluster periods lasting 7-365 days when untreated **and**
3. Patient's cluster periods are separated by a pain-free remission period of at least 3 months **and**
4. Patient has tried and had an inadequate response to 100% oxygen **and**
5. ONE of the following:
    a) Patient has tried and had an inadequate response or intolerance to verapamil, topiramate, or lithium **or**

b) Patient has an FDA labeled contraindication to verapamil, topiramate, and lithium **and**

6. Requested agent and strength is FDA approved for episodic cluster headache treatment (e.g. Emgality 300mg) **and**
7. 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

D. Acute migraine treatment as indicated by chart notes within past 120 days

1. 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**
2. 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**
3. Requested agent and strength is FDA approved for acute migraine treatment (e.g. Nurtec) **and**
4. 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 by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. 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**
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. Requested agent and strength is FDA approved for the specific indication (e.g. Aimovig, Ajovy, Emgality 120mg)

Approval Duration: 12 months

B. Episodic migraine prophylaxis as indicated by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. 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**
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. Requested agent and strength is FDA approved for the specific indication (e.g. Aimovig, Ajovy, Emgality 120mg, Nurtec)

Approval Duration: 12 months

C. Episodic cluster headache treatment as indicated by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., improvement in cluster headaches management) **and**
3. Requested agent and strength is FDA approved for episodic cluster headache treatment (e.g. Emgality 300mg)

Approval Duration: 12 months

D. Acute migraine treatment as indicated by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., improvement in acute migraine management) **and**
3. 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**
4. Requested agent and frequency is FDA approved for acute migraine treatment (e.g. Nurtec)

Approval Duration: 12 months

Policy Owned by: Curative PBM team