

# Antimigraine – CGRP Antagonists Medications Criteria

Revised: 07/01/2025

## ANTIMIGRAINE MEDICATIONS – CGRP ANTAGONISTS PREVENTIVE AND ACUTE THERAPY

<b>Length of Authorization:</b> Initial – 6 months
Renewal – 1 year

### ANTIMIGRAINE CGRP ANTAGONISTS – PREVENTIVE THERAPY

- Patient has a diagnosis of migraine with or without aura based on International Classification of Headache Disorders (ICHD-III) diagnostic criteria
- Patient does not have medication over-use headache (MOH)
- At least 18 years of age
- Women of childbearing age have had a pregnancy test at baseline
- $\geq 4$  migraine days per month for at least 3 months
- Utilizing prophylactic intervention modalities (e.g., behavioral therapy, physical therapy, or lifestyle modifications); **AND**
- Trial and failure of at least 1 month duration of any two of the following oral medications:
  - Antidepressants (e.g., amitriptyline, venlafaxine)
  - Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
  - Anti-epileptics (e.g., valproate, topiramate); **OR**
  - ACE inhibitors or angiotensin II receptor blockers (e.g., lisinopril, candesartan)

### RENEWAL – PREVENTIVE THERAPY

- Patient demonstrated significant decrease in the number, frequency, and intensity of headaches
- Patient has an overall improvement in function with therapy
- Patient continues to utilize prophylactic intervention modalities (e.g., behavioral therapy, physical therapy, lifestyle modification); **AND**
- Women of childbearing age continue to be monitored for pregnancy status

### ANTIMIGRAINE CGRP ANTAGONISTS – ACUTE THERAPY

- Trial and failure (defined as a paid claim within the previous 90 days) of **two** preferred triptans
- Is there any reason that the patient cannot be switched to a non-prior authorized medication? Document details. Acceptable reasons **include**:
  - Allergy to the non-prior authorized medications in this class
  - Contraindication or drug to drug interaction with all non-prior authorized medications; **OR**
  - History of unacceptable side effects
- The requested medication may be approved if **both** of the following are true:

- If there has been a therapeutic failure of at least **one** medication not requiring prior approval;  
**AND**
- The requested medication's corresponding generic (if a generic is available **and** covered by the state) has been tried and a MedWatch form must be submitted

#### RENEWAL – ACUTE THERAPY

- Patient has an overall clinical improvement in response to therapy; **AND**
- Patient has not experienced any treatment-restricting adverse events.

## REVISION HISTORY

Date	Issues/Updates
07/01/2025	<ul style="list-style-type: none"><li>Added renewal criteria for acute therapy</li></ul>
10/16/2024	<ul style="list-style-type: none"><li>Clarified Acute therapy to include trial of failure of two preferred triptans</li></ul>
06/26/2024	<ul style="list-style-type: none"><li>Initial draft creation</li></ul>