

Antimigraine – CGRP Antagonists Medications Criteria

Revised: 10/15/2024

ANTIMIGRAINE MEDICATIONS – CGRP ANTAGONISTS PROPHYLAXIS AND ACUTE THERAPY

Length of Authorization: Initial – 6 months

Renewal – 1 year

ANTIMIGRAINE CGRP ANTAGONISTS – PROPHYLAXIS REQUEST

- 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
- ≥ 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 2 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

- 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

Length of Authorization: 1 year

- 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

REVISION HISTORY

Date	Issues/Updates
06/26/2024	• Initial draft creation
10/15/2024	• Clarified Acute therapy to include trial of failure of two preferred triptans

Orange Text = Important Information | **Teal Text = Auto PA**

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