MEDICATION POLICY:

Migraine Treatment & Prevention

Generic Name: N/A

Therapeutic Class or Brand Name: Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Selective Serotonin (5-HT) 1F Receptor Agonists

Applicable Drugs (if Therapeutic Class): Aimovig (erenumab-aooe), Ajovy (fremanezumab-vfrm), Emgality (galcanezumab-gnlm), Nurtec ODT (rimegepant), Qulipta (atogepant), Reyvow (lasmiditan), Ubrelvy (ubrogepant), Zavzpret (zavegepant)

Preferred: Ajovy (fremanezumab-vfrm), Emgality (galcanezumab-gnlm), Zavzpret (zavegepant)

Non-preferred: Aimovig (erenumab-aooe), Nurtec ODT (rimegepant), Qulipta* (atogepant), Reyvow (lasmiditan), Ubrelvy* (ubrogepant)

Date of Origin: 10/2/2018

Date Last Reviewed / Revised: 1/1/2025

*Qulipta and Ubrelvy are preferred on the Premium Plus formulary.

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documentation of one of the following diagnosis A through C AND must meet all criteria listed under applicable diagnosis:

A. Prevention of chronic and episodic migraine

1. Documentation of ≥ 4 migraine days per month for at least 3 months.
2. Documentation of functional impairment due to migraines (e.g., MIDAS ≥ 11, HIT-6 > 50, severe pain, missed days at school or work, impaired activities of daily living).
3. Documented treatment failure with two or more guideline recommended migraine prophylaxis medications, at optimized dosing, for a duration of at least 8 weeks. The medications tried must be from at least two of the following drug categories, or the member must have contraindication to all drug categories:
    a. Anticonvulsant: topiramate, divalproex sodium
    b. Beta-blocker: propranolol, metoprolol, atenolol
    c. Antidepressant: amitriptyline, nortriptyline, duloxetine, venlafaxine
    d. ACE Inhibitor or angiotensin receptor blocker: lisinopril, candesartan
4. The prescription is for Ajovy or Emgality, or there is documented treatment failure or contraindication to Ajovy and Emgality.

B. Treatment of acute migraine

1. Documented treatment failure or contraindication to two generic triptans at maximally tolerated doses with repeated use. The two triptans are required to differ in chemical entity and dosage form (oral, nasal, injection).

2. If prescription is for Nurtec ODT there must also be documented treatment failure or contraindication to Zavzpret and Ubrelvy.

C. Treatment of episodic cluster headaches

1. Documentation of at least 2 cluster periods lasting from 7 days to 365 days, separated by pain-free periods lasting at least three months.
2. Documented treatment failure with one or contraindication to all the following: verapamil, lithium, and topiramate.
3. Prescription is for Emgality.

II. Minimum age requirement: 18 years old.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines. Refer to Table 1 for FDA approved indications.

IV. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Concurrent use of any of the following:
  - More than one CGRP inhibitor for the prevention of migraine
  - More than one CGRP inhibitor for the acute treatment of migraine.
  - Reyvow with a CGRP inhibitor (ie, Nurtec ODT, Zavzpret, or Ubrelvy) for the treatment of acute migraine.
- Patient suffers from rebound headaches due to medication overuse (medication overuse headache or MOH) or MOH has not been ruled out.

OTHER CRITERIA

- If request is for concurrent use with BOTOX for migraine prevention, there must be documentation of insufficient response to both BOTOX and requested CGRP inhibitor as monotherapy.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Ajovy: One 225 mg prefilled syringe per 30 days or three 225 mg prefilled syringes (total 675 mg) per 90 days.
- Aimovig: One 70 mg autoinjector or syringe or one 140 mg autoinjector or syringe per 30 days.
- Emgality
  - Migraine prophylaxis: two 120 mg auto-injector pens or syringes for the first 30 days, then one 120 mg auto-injector pen or syringe per 30 days thereafter.

- Episodic cluster headache: three 100 mg syringes per 30 days.

- Nurtec ODT
  - Episodic migraine prophylaxis: 16 tablets per 30 days.
  - Acute migraine treatment: 8 tablets per 30 days.
- Qulipta: 30 tablets per 30 days.
- Reyvow: 8 tablets per 30 days
- Ubrelvy: 10 tablets per 30 days.
- Zavzpret: 6 unit-dose devices per 30 days.

APPROVAL LENGTH

- **Authorization:** 12 months.
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment, including at least a 50% improvement in functional impairment and headache severity from baseline (as measured by a reduction in the need for acute abortive therapies or care, missed days at work or school, and increase in ability to perform activities of daily living compared to baseline).

APPENDIX

Table 1
FDA-Approved Indications for Medications Used for Migraine Treatment and Prophylaxis

Medication	Acute Migraine Treatment	Episodic Migraine Prophylaxis	Chronic Migraine Prophylaxis	Cluster Headache Treatment
Ajovy		✓	✓	
Aimovig		✓	✓	
Emgality		✓	✓	✓
Qulipta		✓	✓	
Nurtec ODT	✓	✓		
Reyvow	✓			
Ubrelvy	✓			
Zavzpret	✓			

REFERENCES

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