Migraine agents Prior Authorization Criteria
Calcitonin Gene-Related Peptide (CGRP) antagonist (Aimovig)
Triptan exceptions

Erenumab (Aimovig)

1. Is the request for preventative treatment of OHP funded condition of migraine headache in a member at least 18 years of age?
   a. Yes – Go to question 2
   b. No- Deny – Cat 1 for non-funded condition
      Cat 3 for not FDA approved indication for treatment

2. Does the member have at least a 12 month history of migraines and have they experienced at least 4 migraines requiring acute treatment per month?
   a. Yes- Go to question 3
   b. No – Forward to pharmacist / medical director- Medication is being prescribed outside of inclusion criteria of clinical trials where medication was approved.

3. Has the member had an inadequate response or contraindication to at least one medication from each of the following classes of agents for migraine prophylaxis? Must be a minimum of 12 week trial with 80% or better adherence to therapy, may be used in combination.
   - Beta blockers – Metoprolol, propranolol or timolol
   - Anticonvulsants – Divalproax / sodium valproate or topiramate
   - Antidepressants - amitriptyline, nortriptyline, or venlafaxine

   a. Yes- Go to question 4
   b. No – Forward to pharmacist/ medical director- Cat 5 -Member has not had adequate trial of preferred agents with demonstrated compliance. Migraine prophylaxis treatment requires time to establish efficacy.

4. Is the member currently receiving botulinum toxin for headache treatment?
   a. Yes – Forward to pharmacist / medical director – Concurrent use of botulinum toxin injection was key exclusion criteria in clinical trials for approval in chronic migraine.
   b. No- Go to question 5

5. Is the request for 70mg dose given once a month?
   a. Yes – May approve for up to 3 months for trial
   b. No – Deny Cat 3- Initial approved dosing is 70 mg once a month, if member demonstrates partial response during 3 month trial, 140 mg once monthly may be approved at renewal. Maximum dose is 140 mg once monthly.

Renewal Criteria or Dose Increase

1. Has member had a documented positive response to treatment – reduction of migraine days per month from baseline of at least 3? (Member has documented at least 3 less migraine days per month during trial)
   a. Yes – May approve 70 mg once monthly for up to 12 months
   b. No- Go to Question 2

2. Has member shown a partial response to treatment where provider feels a higher dose will yield increased benefit?
   a. Yes- May approve dose up to 140 mg once monthly for 12 months
   b. No – Forward to pharmacist/medical director- Member has not demonstrated benefit from therapy, ongoing treatment may not be medically appropriate.

All other acute migraine medications should be limited to less than 10 days per month and preventive therapies should be used as the mainstay in patients with frequent headaches.

PA criteria for non- oral triptan agents and above QL requests

1. Is the request for use of formulary agent above quantity limits?
   a. Yes - do not approve and recommend reevaluation of migraine prophylaxis.

According to product labeling, the safety and effectiveness of treating more than 4 headaches in a 30-day period with sumatriptan, naratriptan, rizatriptan, frovatriptan, almotriptan, and 3 headaches per 30 days with oral zolmitriptan have not been established. All other acute migraine medications should be limited to less than 10 days per month.

Preventive therapies should be used as the mainstay in patients with frequent headaches.

Common prophylactic medications for migraine *with evidence of benefit* include:

- Beta blockers: propranolol, metoprolol, timolol
- Antidepressants: amitriptyline, nortriptyline, venlafaxine
- Antiepileptic drugs- divalproex sodium and topiramate

   b. No – Go to question 2

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2. Is the request for a formulary *non-oral* triptan agent? (Sumatriptan injection, Sumatriptan nasal spray) or a non-formulary oral triptan agent?
   a. Yes –Go to question 4
   b. No – Go to question 3

3. Has the member used at least 2 oral triptan agents with a documented lack of response or adverse effect?
   AND
   Has the member used all formulary non oral triptan agents with a documented lack of response or adverse effect?
   a. Yes – Go to question 5
   b. No – Deny Cat 15 – *Member has not demonstrated a lack of response with preferred and least costly formulary triptan agents.*

4. Has the member used at least 2 of the 3 formulary oral triptan agents with a documented lack of response or adverse effect?
   a. Yes – Go to question 5
   b. No – Deny – *Member has not demonstrated a lack of response with preferred and least costly oral triptan agents.*

5. Is the member using migraine prevention treatment 80% of the time or more?

Common prophylactic medications with evidence of benefit for migraine include:

- Beta blockers: propranolol, metoprolol, timolol, atenolol
- Antidepressants: amitriptyline, nortriptyline, venlafaxine
- Antiepileptic drugs- divalproex sodium and topiramate
- Injectables - OnabotulinumtoxinA, Aimovig (erenumab-aooe)

   a. Yes - May approve for up 6 months- Continued approval will require demonstration of benefit and compliance with migraine prevention medications.
   b. No – Forward to pharmacist or medical director for evaluation of clinical appropriateness