

ALASKA MEDICAID
Prior Authorization Criteria

**Calcitonin gene-related peptide
receptor antagonists oral and
injectable (i.e. fremaexumab,
ubrogepant, etc.)**

FDA INDICATIONS AND USAGE^{1,2,4}

Injectable calcitonin gene-related peptide (CGRP) receptor antagonists are indicated for the preventive treatment of migraine in adults. Oral CGRP antagonists are indicated for the acute treatment of migraine with or without aura in adults.

APPROVAL CRITERIA^{1,2,3,4,5,6}

Injectable CGRP indicated for preventative treatment

1. Patient is within the age range recommended by the FDA label **AND;**
2. Prescribed in consultation with or is a headache specialist, pain specialist, or neurologist **AND;**
3. Patient has the diagnosis of episodic or chronic migraine **AND;**
4. Patient is experiencing 4 or more migraine days per month **AND;**
5. Medication is being used for prophylaxis **AND;**
6. Patient has trialed at least 2 prophylactic medications from different therapeutic classes (i.e. beta blocker, antiepileptic, antidepressant, etc) for at least 2 months each.

Oral CGRP indicated for treatment of acute migraine

1. Patient is within the age range recommended by the FDA label **AND;**
2. Patient has the diagnosis of migraine with or without aura **AND;**
3. Prescribed in consultation with or is a headache specialist, pain specialist, or neurologist **AND;**
4. The provider has ruled out medication overuse as a cause of migraines **AND;**
5. Patient has trialed at least 1 prophylactic medication (i.e. beta blocker, antiepileptic, antidepressant, etc.) for at least 2 months **AND;**
6. Patient has trialed 2 different triptans or has a contraindication (i.e. cardiovascular) to their use **AND;**
7. Patient is not taking any strong CYP3A4 inhibitor concomitantly.

DENIAL CRITERIA^{1,2,3}

1. Failure to meet approval criteria.

CAUTIONS¹

- Most common adverse reaction were injection site reactions for the injectables.

ALASKA MEDICAID
Prior Authorization Criteria

- Concomitant use of strong CYP3A4 inhibitors is contraindicated with oral CGRP inhibitors.

DURATION OF APPROVAL

- Initial: up to 3 months
- Reauthorization: up to 12 months

QUANTITY LIMITS

- 34 days

REFERENCES / FOOTNOTES:

1. Aimovig™ [Package Insert]. Thousand Oaks, CA: Amgen Inc. May 2018. Available at: https://pi.amgen.com/~media/amgen/repositorysites/pi-amgen-com/aimovig/aimovig_pi_hcp_english.ashx. Accessed October 15, 2018.
2. Ajovy™ [Package Insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc. Available at: <https://www.ajovy.com/globalassets/ajovy/ajovy-pi.pdf>. Accessed October 15, 2018.
3. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012 April 24 ;(17):1337-45.
4. ICER Calcitonin Gene-Related Peptide (CGRP) Inhibitors as Preventive Treatments for Patients with Episodic or Chronic Migraine: Effectiveness and Value (July 3, 2018)
5. Ubrelvy™ [Package Insert]. Madison, NJ: Allergan USA, Inc. December 2019. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/211765s000lbl.pdf
6. Nurtec™ ODT [Package Insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc. February 2020. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/212728s000lbl.pdf