

ALASKA MEDICAID  
Prior Authorization Criteria

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

**FDA INDICATIONS AND USAGE**<sup>1,2,4</sup>

Calcitonin gene-related peptide (CGRP) receptor antagonists are indicated for the preventive treatment of migraine in adults and/or acute treatment of migraine with or without aura in adults. Please consult FDA labeling of the individual agent for further information.

**APPROVAL CRITERIA**<sup>1,2,3,4,5,6</sup>

Injectable (subcutaneous and IV) or oral 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**<sup>1,2,3</sup>

1. Failure to meet approval criteria.
2. Patient is prescribed more than one oral CGRP or more than one injectable CGRP medication concurrently.
3. Patient is prescribed more than one CGRP for the indication of migraine prevention or treatment of acute migraine.

CGRP Inhibitor Criteria

Version: 2

Original: 10/12/2018

Approval: 09/18/2020

Updated: 09/19/2025

Effective: 11/1/2025

ALASKA MEDICAID  
Prior Authorization Criteria

**CAUTIONS**<sup>1</sup>

- Most common adverse reaction were injection site reactions for the injectables.
- 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. March 2025.
2. Ajovy™ [Package Insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc. March 2025
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. June 2025.
6. Nurtec™ ODT [Package Insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc. March 2025.
7. Qulipta® [Package Insert]. North Chicago, IL: AbbVie Inc. June 2025
8. Emgality® [Package Insert]. Indianapolis, IN: Eli Lilly and Company. May 2025.
9. Vyepti® [Package Insert]. Bothell, WA: Lundbeck Seattle Biopharmaceuticals, Inc. March 2025.