

Calcitonin Gene-Related Peptide (CGRP) antagonists

Goal(s):

- Promote safe use of CGRP inhibitors in adult patients
- Promote use that is consistent with medical evidence and product labeling

Length of Authorization:

- Initial: Up to 3 months
- Renewal: Up to 6 months

Requires PA:

- All calcitonin gene-related peptide (CGRP) antagonists (erenumab, fremanezumab, galcanezumab) pharmacy and physician administered claims

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA-approved indication?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Is the diagnosis funded by OHP?	Yes: Go to #4	No: Pass to RPh. Deny; not funded by the OHP.
4. Is this a request for renewal of a previously approved Fee-For-Service prior authorization of a CGRP antagonist for management of migraine headache?	Yes: Go to Renewal Criteria	No: Go to #5
5. Is there documentation that the patient has experienced 4 or more migraine days in the previous month?	Yes: Document migraine days per month _____ Go to #6	No: Pass to RPh. Deny; medical appropriateness
6. Do chart notes indicate headaches are due to medication overuse?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #7

Approval Criteria		
<p>7. Has the patient failed an adequate trial (≥ 6 weeks with a documented adherence of $\geq 80\%$) of an FDA-approved migraine prophylaxis medication from each of the following classes: beta-blockers, anticonvulsants, and tricyclic antidepressants?</p> <p>OR</p> <p>Does the patient have a documented intolerance, FDA-labeled contraindication, or hypersensitivity to each of the above migraine prophylaxis classes?</p>	<p>Yes: Document agents used and dates</p> <p>_____</p> <p>_____</p> <p>Go to #8</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>8. Has the patient received an injection with botulinum toxin for headache treatment once in the previous 2 months?</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness</p>	<p>No: Go to #9</p>
<p>9. Is the medication being prescribed by or in consultation with a neurologist or headache specialist?</p>	<p>Yes: Approve for 3 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

Renewal Criteria		
<p>1. Do chart notes indicate headaches are due to medication overuse?</p>	<p>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Go to #2</p>
<p>2. Has the patient experienced a documented positive response to therapy, as demonstrated by a reduction in migraine headache frequency and/or intensity from baseline?</p>	<p>Yes: Document response</p> <p>Approve for up to 6 months (e.g. minimum 2 doses for treatment given every 3 months)</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>