

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 for migraine prevention, acute migraine treatment and cluster headache prevention (Table 1).

Length of Authorization:

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

Requires PA:

- All calcitonin gene-related peptide (CGRP) antagonist pharmacy and practitioner 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/

Table 1. FDA Approved Indications for CGRP antagonists

Drug	FDA Approved Indication
Atogepant	Preventative migraine treatment
Eptinezumab	Preventative migraine treatment
Erenumab	Preventative migraine treatment
Fremanezumab	Preventative migraine treatment
Galcanezumab	Preventative migraine treatment and cluster headache prevention
Rimegepant sulfate	Acute migraine treatment and preventative treatment of episodic migraine
Ubrogepant	Acute migraine treatment
Zavegepant	Acute migraine treatment

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA-approved indication (Table 1)?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. 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 #4
4. Is the medication being prescribed by or in consultation with a neurologist or headache specialist?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
5. Do chart notes indicate headaches are due to medication overuse?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to # 6

Approval Criteria

<p>6. Is the request for acute (abortive) migraine treatment AND the patient is an adult (18 years or older)?</p>	<p>Yes: Go to #11</p>	<p>No: Go to #7</p>
<p>7. Is the request for the prevention of cluster headache AND the patient is an adult (18 years or older)?</p>	<p>Yes: Go to #14</p>	<p>No: Go to #8</p>
<p>8. Is the request for prophylactic therapy and there is documentation that the patient has experienced 4 or more migraine days in the previous month AND the patient is an adult (18 years or older)?</p>	<p>Yes: Document migraine days per month _____ Go to # 9</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>9. Has the patient had an adequate trial (2-6 months) without response, or has contraindications, to at least 3 of the following OHP preferred drugs (in the same or different classes)?</p> <ul style="list-style-type: none"> • Propranolol immediate-release, metoprolol, or atenolol • Topiramate, valproic acid, or divalproex sodium • Amitriptyline, nortriptyline, or venlafaxine • Candesartan or telmisartan <p>OR</p> <p>Does the patient have a documented intolerance, FDA-labeled contraindication, or hypersensitivity to the above migraine prophylaxis agents?</p>	<p>Yes: Document agents used and dates _____ _____ Go to # 10</p>	<p>No: Pass to RPh. Deny; medical appropriateness. Recommend trial of preferred alternatives at www.orpdl.org/drugs/</p>
<p>10. 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: Approve for up to 3 months</p>
<p>11. In a patient with acute migraines, has the patient failed to receive benefit from adequate trials of abortive therapy (2 or more different triptans) or have contraindications to triptans?</p>	<p>Yes: Go to #12</p>	<p>No: Pass to RPh. Deny; medical appropriateness. Recommend triptan trial.</p>
<p>12. Does the patient have chronic migraines?</p>	<p>Yes: Go to #13</p>	<p>No: Approve for 3 months</p>

Approval Criteria		
13. Does the patient have a history of at least 4 migraines a month AND is on preventative migraine therapy (excluding other CGRP inhibitors)?	Yes: Approve for up to 3 months	No: Pass to RPh. Deny; medical appropriateness
14. Has the patient had an adequate trial (2-6 months) without response, or has contraindications, to at least 2 of the following OHP preferred drugs: <ul style="list-style-type: none"> • Lithium • Verapamil • Suboccipital steroid injection • Sumatriptan subcutaneous • Zolmitriptan nasal spray 	Yes: Approve for up to 3 months	No: Pass to RPh. Deny; medical appropriateness

Renewal Criteria		
1. Do chart notes indicate headaches are due to medication overuse?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #2
2. Is the renewal request for acute migraine treatment?	Yes: Go to #5	No: Go to #3
3. Is the renewal request for migraine prevention?	Yes: Go to #4	No: Go to # 6
4. Has the patient experienced a documented positive response to therapy, as demonstrated by a reduction in migraine headache frequency and/or intensity from baseline?	Yes: Approve for up to 6 months. Document response.	No: Pass to RPh. Deny; medical Appropriateness
5. Has the patient demonstrated a response to therapy as indicated by a reduction in headache frequency and/or intensity?	Yes: Approve for up to 6 months. Document response.	No: Pass to RPh. Deny; medical Appropriateness
6. Is the renewal request for cluster headache prevention?	Yes: Go to #7	No: Pass to RPh. Deny; medical Appropriateness
7. Has the provider documented a positive patient response as indicated by a reduction in the number of cluster headaches per month?	Yes: Approve for up to 6 months. Document response.	No: Pass to RPh. Deny; medical Appropriateness