

Pharmacy Drug Policy Checklist

POLICY NAME

Acute CGRP Antagonist Therapies

POLICY #

2769P

Criteria

| Cov | erage Criteria for Nurtec/Ubrelvy |
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| | Diagnosis of moderate to severe migraine, with or without aura, according to the International Classification of Headache Disorders |
| | Age 18 years or older |
| | For patients with 4 or more migraine days per month, documentation that the member is on 1 supported migraine preventative therapy such as amitriptyline, nortriptyline, venlafaxine, duloxetine, topiramate, divalproex, metoprolol, Botox, etc. with claims history to support member compliance with filling at least a 90 day supply within a 120 day time frame |
| | One of the following: |
| | Trial of at least two generic triptan therapies (almotriptan, rizatriptan, frovatriptan, others) with little to no relief of moderate/severe migraine symptoms, OR Contraindication to triptan therapy defined as one of the following: ? History of stroke or transient ischemic attack ? History of hemiplegic or basilar migraine ? Peripheral vascular disease; ischemic bowel disease ? Uncontrolled hypertension ? Recent use (within 2 weeks) of MAO inhibitors ? Recent use (within 24 hours) of treatment with another 5-HT1 agonist, or an ergot-containing or ergot-type medication (e.g., methysergide, dihydroergotamine) ? Ischemic coronary artery disease (angina pectoris, history of myocardial infarction, or documented silent ischemia) ? Coronary artery vasospasm, including Prinzmetal variant angina, or other significant underlying cardiovascular disease ? Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders ? Patients with risk factors for coronary artery disease (CAD) such as hypertension, hypercholesterolemia, smoker, obesity, diabetes, strong family history of CAD, menopause, male > 40 years of age) in whom adequate cardiac evaluation has not ruled out CAD |

Coverage Criteria for Zavzpret

| Diagnosis of moderate to severe migraine, with or without aura, according to the International |
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| Criteria References Classification of Headache Disorders |

| For patients with 4 or more migraine days per month; must be stable on at least 1 supported |
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| migraine preventative therapy such as amitriptyline, nortriptyline, venlafaxine, duloxetine, |
| topiramate, divalproex, metoprolol, Botox, etc. |

| | Trial of at least one oral triptan AND sumatriptan nasal spray with little to no relief of migraine symptoms | |
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| | Accepted contraindications to triptan therapy are described above | |
| | Bypass oral triptan trial if documentation supports nausea/vomiting with migraines | |
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| Excl | usion Criteria – Any of the following prevents coverage | |
| Excl | Abortive CGRP antagonists will not be approved if being used in combination with another calcitonin gene- related peptide (CGRP) inhibitor such as Aimovig, Emgality, or Vyepti. | |