

## Calcitonin Gene-Related Peptide Antagonist Drug Use Criteria

Created: October 2018

Reviewed: August 12, 2020

Includes:

### **Preventative Migraine Therapy**

**Aimovig®**     *Erenmab-aooe*

**Ajovy®**     *Fremanezumab-vfrm*

**Emgality®**     *Galcanezumab-gnlm* (migraine and cluster headache preventatives)

**Vyepti ®**     *Eptinezumab jjmr*

### **Acute Migraine Therapy**

**Nurtec®**     *Rimegepant*

**Ubrelvy®**     *Ubrogepant*

### **Guideline for Use:**

For consideration of coverage refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria at:

[http://www.orpdl.org/durm/PA\\_Docs/CGRPInhibitors.pdf](http://www.orpdl.org/durm/PA_Docs/CGRPInhibitors.pdf)

### **Rationale:**

To ensure medically appropriate, cost effective use of medication based on the best available evidence.

### **References:**

1) Oregon Medicaid FFS Drug Use Criteria. Calcitonin Gene-Related Peptide (CGRP) Antagonists. Drug Use Research and Management. Health Systems Division. Oregon Health Authority.

Approved by Advanced Health Pharmacy and Therapeutics Committee August 28,2020