AdvancedHealth
Bridging the Future of Healthcare

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CGRP Antagonists and Gepants Drug Use Criteria

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Table 1: FDA-Approved Indications for CGRP Antagonists

Drug	FDA-Approved Indication
Atogepant (Qulipta®)	Preventative migraine treatment
Eptinezumab (Vyepti®)	Preventative migraine treatment
Erenumab (Aimovig®)	Preventative migraine treatment
Fremanezumab (Ajovy®)	Preventative migraine treatment
Galcanezumab (Emgality®)	Preventative migraine treatment and cluster headache prevention
Rimegepant sulfate (Nurtec ODT®)	Acute migraine treatment and preventative treatment of episodic migraine
Ubrogepant (Ubrelvy®)	Acute migraine treatment
Zavegepant (Zavzpret®)	Acute migraine treatment

Preferred agents (if criteria met for approval):

- ubrogepant (Ubrelvy®) – for acute (abortive) therapy
- fremanezumab (Ajovy®) and erenumab (Aimovig®) – for preventative therapy

GUIDELINE FOR USE:

Initial Authorization

1. Does the member have a diagnosis of migraine?

    a. If yes, go to 2
    b. If no, deny as criteria not met. Off-label use of a medication is not a covered benefit under OHP

2. Do chart notes indicate headaches are due to medication overuse (MOH)?

    a. If yes, send for MD review to determine medical appropriateness.
    b. If no, got to 3

3. Is the request for acute (abortive) migraine treatment AND the patient is 18 years or older?

    a. If yes, go to 9
    b. If no, go to 4

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4. Is the request for prevention of cluster headache and the patient is 18 years or older?

    a. If yes, go to 11
    b. If no, go to 5

5. Is the request for prophylactic therapy and the patient is 18 years or older?

    a. If yes, go to 6
    b. If no, deny as criteria not met

6. Is there is documentation that the patient has experienced 4 or more migraine days in the previous month

    a. If yes, go to 7
    b. If no, deny as criteria not met

7. Has the patient had an adequate trial (2-6 months) without response, or has contraindications, to at least THREE of the following OHP preferred drugs (in the same or different classes)?
    - Propranolol immediate-release, metoprolol, or atenolol
    - Topiramate, valproic acid, or divalproex sodium
    - Amitriptyline, nortriptyline, or venlafaxine
    - Candesartan or telmisartan
    - OR does the patient have a documented intolerance, FDA-labeled contraindication or hypersensitivity to the above migraine prophylaxis medications?

        a. If yes, go to 8
        b. If no, deny as criteria not met

8. Has the patient received an injection with botulinum toxin for headache treatment once in the previous 2 months?

    a. If yes, deny as criteria not met. Concurrent use of a CGRP antagonist and Botox is not a covered benefit.
    b. If no, approve for up to 6 months

9. In a patient with acute migraines, has the patient failed to receive benefit from adequate trial with at least TWO different triptans or have contraindications to triptans?

    a. If yes, go to 10
    b. If no, deny as criteria not met. Previous trial of at least two preferred formulary triptans is required.

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10. Does the patient have a history of at least 4 migraines a month AND is on preventative migraine therapy (excluding other CGRP inhibitors)?

    a. If yes, approve for up to 6 months
    b. If no, deny as criteria not met

11. Has the patient had an adequate trial (2-6 months) without response, or has contraindications, to at least THREE of the following:
    - Lithium
    - Verapamil
    - Suboccipital steroid injection
    - Sumatriptan subcutaneous
    - Zolmitriptan nasal spray

    a. If yes, approve for 6 months
    b. If no, deny as criteria not met

Renewal Authorization

1. Do chart notes indicate headaches are due to medication overuse?

    a. If yes, send for MD review to determine medical appropriateness
    b. If no, go to 2

2. Has the patient experienced a documented positive response to therapy, as demonstrated by a reduction in migraine/cluster headache frequency and/or intensity from baseline?

    a. If yes, approve for 12 months
    b. If no, deny as criteria not met

Rationale: To ensure step therapy and appropriate use of high-cost migraine therapies aligned with clinical guidelines and OHP expectations.

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