# AvMed

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

**Directions**: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

**Drug Requested: Non-Injectable Migraine Treatment** (Select drug below)

| PREFERRED | |
|---|---|
| ❑ **Nurtec® ODT** (rimegepant) | ❑ **Qulipta™** (atogepant) |
| **NON-PREFERRED** | |
| ❑ **Reyvow®** (lasmiditan)<br>*Member must have tried and failed preferred Nurtec® ODT and meet all PA criteria | ❑ **Ubrelvy™** (ubrogepant)<br>*Member must have tried and failed preferred Nurtec® ODT and meet all PA criteria |
| ❑ **Zavzpret™** (zavegepant) 10 mg nasal spray<br>*Member must have tried and failed preferred Nurtec® ODT and meet all PA criteria | |

**The Health Plan considers the use of concomitant therapy with Calcitonin Gene-Related Peptide Antagonists (CGRP) and Botox to be experimental and investigational, although safety and efficacy of these combinations has been established. In the event a member has an active Botox authorization on file and dual therapy is requested, all subsequent CGRP requests will be reviewed and assessed for medical necessity of combination therapy.**

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

**Member Name:** _____

**Member AvMed #:** _____ **Date of Birth:** _____

**Prescriber Name:** _____

**Prescriber Signature:** _____ **Date:** _____

**Office Contact Name:** _____

**Phone Number:** _____ **Fax Number:** _____

**DEA OR NPI #:** _____

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

**Drug Form/Strength**: _____

**Dosing Schedule**: _____ **Length of Therapy:** _____

**Diagnosis:** _____ **ICD Code:** _____

**Weight:** _____ **Date:** _____

**(Continued on next page)**

## Recommended Dosing:

| Drug | Dose | Quantity Limit |
|---|---|---|
| **Nurtec® ODT** | • Acute Migraine: 75 mg orally as a single dose; Maximum: 75 mg/24 hours<br>• Preventive Migraine (Episodic): 75 mg orally every other day<br>• The safety of treating > 18 doses in a 30-day period has not been established | • Acute Migraine: 8 tablets per 30 days<br>• Preventive Migraine: 16 tablets per 30 days |
| **Ubrelvy®** | • Acute Migraine: Initial: 50 to 100 mg as a single dose; May repeat once based on response and tolerability after ≥ 2 hours<br>• Maximum dose: 200 mg per 24 hours<br>• The safety of treating > 8 migraines/month has not been established | • 10 tablets per 30 days |
| **Reyvow®** | • Acute Migraine: Initial: 50 to 100 mg as a single dose; maximum of 1 dose in 24 hours<br>• The safety of treating > 4 migraines/month has not been established | • 4 tablets per 30 days |
| **Qulipta®** | • Preventive Migraine (Chronic & Episodic): 10 mg, 30 mg or 60 mg orally once daily<br>• Maximum dose: 60 mg/day | • 30 tablets per 30 days |
| **Zavzpret™** | • Acute Migraine: 10 mg given as a single spray in one nostril, as needed; Maximum: 10 mg/24 hours<br>• The safety of treating more than 8 migraines in a 30-day period has not been established | • 1 carton (6 sprays) per 30 days |

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval.

## Authorization Criteria:

- ❑ Member must be 18 years of age or older
- ❑ Provider has attested to all clinical criteria for **ONE** of the applicable diagnoses below

### ❑ Diagnosis: Acute Migraine

- ❑ If experiencing > 4 migraine headaches per month, member must have failed a **2-month** trial of at least **ONE** migraine prophylactic class medication supported by the American Headache Society/American Academy of Neurology treatment guidelines 2012/2015/2021/2024, Level A and B evidence; ICSI 2013, high quality evidence:
  - ❑ Anticonvulsants (divalproex, valproate, topiramate)
  - ❑ Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
  - ❑ Antidepressants (amitriptyline, venlafaxine)
  - ❑ CGRP inhibitors (Aimovig®, Emgality®, Ajovy®)

**(Continued on next page)**

- ❑ Member must meet **ONE** of the following:
  - ❑ Member has failed (defined as ≥ 2 attacks) at least **TWO** triptans (such as sumatriptan, rizatriptan) supported by the American Headache Society/American Academy of Neurology treatment guidelines, taken at maximum recommended doses
  - ❑ Provider attests member has an intolerance to triptan therapy
  - ❑ Member has at least **ONE** of the following cardiovascular or non-cardiovascular contraindications to triptan therapy:
    - ❑ Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina)
    - ❑ History of stroke or transient ischemic attack (TIA)
    - ❑ Peripheral vascular disease
    - ❑ Ischemic bowel disease
    - ❑ Uncontrolled hypertension
- ❑ For Reyvow®, Ubrelvy® and Zavzpret™ requests: Member must have trial and failure of Nurtec® ODT **(verified through pharmacy paid claims or chart notes)**
- ❑ For Nurtec® ODT or Ubrelvy® provider must attest to **ALL** the following:
  - ❑ Member does **NOT** have a CrCl < 15 mL/minute
  - ❑ Member is **NOT** currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, or clarithromycin) or a strong CYP3A inducer (such as phenobarbital, phenytoin, or rifampin)
  - ❑ Member does **NOT** have severe hepatic impairment (Child-Pugh C)
- ❑ For Reyvow® requests: provider attests member has agreed to **NOT** drive or operate machinery until at least 8 hours after taking each dose
- ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor

## ❑ Diagnosis: Preventive Migraine (Applies to Nurtec® ODT and Qulipta® only)

- ❑ Member must have a diagnosis of Chronic or Episodic Migraine Headache defined by **BOTH** of the following:
  - ❑ Member has ≥ 4 migraine headaches per month
  - ❑ Member must have failed a **2-month** trial of at least one medication from **TWO** different migraine prophylactic classes supported by the American Headache Society/American Academy of Neurology treatment guidelines 2012/2015/2021, Level A and B evidence; ICSI 2013, high quality evidence:
    - ❑ Anticonvulsants (divalproex, valproate, topiramate)
    - ❑ Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
    - ❑ Antidepressants (amitriptyline, venlafaxine)
    - ❑ Angiotensin II Receptor Blocker (candesartan) ***requires prior authorization***
    - ❑ CGRP inhibitors (Aimovig®, Emgality®, Ajovy®, Vyepti®)

**(Continued on next page)**

- ❑ Provider must attest to **ALL** the following:
  - ❑ Member does **NOT** have a CrCl < 15 mL/minute for Nurtec® ODT
  - ❑ Member is **NOT** currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, or clarithromycin) or a strong CYP3A inducer (such as phenobarbital, phenytoin, or rifampin)
  - ❑ Member does **NOT** have severe hepatic impairment (Child-Pugh C)
  - ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor
  - ❑ Nurtec® ODT and Qulipta® will **NOT** be used in combination with Aimovig®, Emgality®, Ajovy®, Vyepti® or Botox for migraine prevention.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****



***Approved by Pharmacy and Therapeutics Committee**: ~~2/20/2020; 8/17/2023;~~ **9/21/2023**
**REVISED/UPDATED:** ~~6/12/2020; 8/31/2020; 7/12/2021; 11/8/2021; 11/22/2021; 1/14/2022; 2/23/2022; 3/23/2022; 4/26/2022; 6/14/2022; 6/17/2022; 3/2/2023; 9/21/2023~~**; 5/22/2024**