

# **CGRP ANTAGONISTS**





# PRIOR AUTHORIZATION IS REQUIRED.

Learn about Aimovig<sup>®</sup> (erenumab-aooe) and Ajovy<sup>®</sup> (fremanezumab-vfrm), the preferred preventive treatments of episodic and chronic migraine in adults (as of April 2022).

All prophylactic migraine CGRP antagonists require prior authorization.

## Criteria for Approval of Prior Authorization\*

- Documentation of the number of migraine days and headache days per month:
  - Episodic migraine: 4-14 headache days per month.
  - Chronic migraine: at least 15 headache days per month and at least 8 migraine days per month.
- For a nonpreferred agent: a trial of all preferred agents; Aimovig and Ajovy is required.
- For episodic and chronic migraine: a trial of **3 different prophylactic** agents for at least 2 months (e.g., divalproex sodium, sodium valproate, topiramate, metoprolol, propranolol).

### **Important Reminders for Submitting a Prior Authorization**

- Be sure to indicate if you are prescribing Nurtec for treatment or prophylaxis
- · Document the number of headache days per month that the member experiences
- If there is a reason that the criteria cannot be met, document the rationale clearly and completely on the initial request.
- Documentation of improvement is required for continued treatment.

#### **Electronic Prior Authorization with CoverMyMeds**

CoverMyMeds helps patients get their medication by streamlining the prior authorization process for providers and pharmacists. Start today by creating a free account or logging in to your existing account at <a href="mailto:covermymeds.com">covermymeds.com</a>.

#### We're here to help.

Visit <u>HighmarkHealthOptions.com</u> to view the preferred drugs, the most up to date CGRP inhibitor criteria, and to access drug specific request forms. For more information, call Pharmacy Services at 1-844-325-6251, Monday–Friday, 8 a.m. to 5 p.m.

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<sup>\*</sup> Criteria subject to change.