

Clinical Policy Title:	CGRP-Acute Migraine
Policy Number:	RxA.630
Drug(s) Applied:	Ubrelvy®, Zavzpret
Original Policy Date:	05/21/2020
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute migraine treatment (must meet all):

1. Indicated for the acute treatment of migraine headaches;
2. Trial of at least two (2) triptans (e.g., sumatriptan, rizatriptan, zolmitriptan, etc.), unless contraindicated or adverse effects experienced;
3. Medication is not prescribed concurrently with other CGRP inhibitors used for acute migraine treatment*.

*Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute migraine treatment (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria;
2. Medication is not prescribed concurrently with other CGRP inhibitors used for acute migraine treatment*.

*Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Ailani J, Burch RC, Robbins MS; the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021.
<https://headachejournal.onlinelibrary.wiley.com/action/showCitFormats?doi=10.1111%2Fhead.14153>. Accessed August 12, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	05/10/2020	05/21/2020
Policy was reviewed: 1. Policy title table was updated.	02/18/2021	03/09/2021

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>2. Continued therapy approval criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance...”.</p> <p>3. References were updated.</p>		
<p>Policy was reviewed:</p> <p>1. Initial approval criteria I.A.4 was inserted “Member must currently be treated with one of the following preventative treatments, unless previously ineffective, contraindicated, or clinically significant adverse effects are experienced (a, b, or c):</p> <ul style="list-style-type: none"> a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine);” 	11/22/2021	12/07/2021
<p>Policy was reviewed:</p> <p>1. Initial Approval Criteria I.A.4: Updated to remove Member must currently be treated with one of the following preventative treatments, unless previously ineffective, contraindicated, or clinically significant adverse effects are experienced (a, b, or c):</p> <ul style="list-style-type: none"> a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine); <p>2. Reference were reviewed and updated.</p>	08/31/2022	10/19/2022
<p>Policy was reviewed:</p> <p>1. Reference were reviewed and updated.</p>	3/28/2023	04/13/2023
<p>Policy was reviewed:</p> <p>1. Clinical Policy Title, Lines of Business Policy Applies to: Updated from All line of Business to All lines of business (except Medicare).</p> <p>2. Initial Approval Criteria, I.A.1: Updated diagnostic criteria from Diagnosis of migraine headaches to Diagnosis of acute treatment of migraine headaches.</p> <p>3. Initial Approval Criteria, I.A.2: Updated to remove prior age criteria "Age ≥ 18 years".</p> <p>4. Initial Approval Criteria, I.A.3: Updated to include new combination therapy criteria Medication is not prescribed concurrently</p>	07/10/2023	07/13/2023

<p>with other CGRP inhibitors used for acute migraine treatment;*</p> <p>*Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis.</p> <p>5. Initial Approval Criteria, I.A.4: Updated to remove prior concurrent therapy criteria "Member must currently be treated with one of the following preventative treatments, unless previously ineffective, contraindicated, or clinically significant adverse effects are experienced (a, b, or c):</p> <ul style="list-style-type: none"> a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine)". <p>6. Initial Approval Criteria, I.A.5: Updated to remove concurrent therapy criteria Ubrelvy® is not prescribed concurrently with strong CYP3A4 inhibitors.</p> <p>7. Continued Therapy Approval Criteria II.A.1 was updated from Member is currently receiving medication that has been authorized by RxAdvance or the member has previously met initial approval criteria listed in this policy to Member is currently receiving medication, excluding manufacturer samples.</p> <p>8. Continued Therapy Approval, Criteria II.A.2: Updated response to therapy criteria from Member is responding positively to therapy to Member has experienced and maintained positive response to therapy.</p> <p>9. Continued Therapy Approval, II.A.3: Updated to include new combination therapy criteria Medication is not prescribed concurrently with other CGRP inhibitors used for acute migraine treatment;*</p> <p>*Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis.</p> <p>10. References were reviewed and updated.</p>		
Policy was reviewed.	10/19/2023	10/19/2023
Combined drug policy into one: CGRP-Acute Migraine	3/1/2024	3/1/2024
Policy was reviewed.	12/05/2024	12/05/2024

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| <ol style="list-style-type: none">1. References were reviewed and updated.2. Updated continuation of therapy language. | | |
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