

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.**

Migraine Treatment: Non-injectable drugs

Drug Requested: (Select drug below)

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

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: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Requested Medication is **ONE** of the following:

- ☐ New Start
- ☐ Continuation of therapy – provide therapy start date: _____

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PA Migraine Treatment: Non-injectable drugs (AvMed)
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- Will the member be discontinuing a previously prescribed non-injectable calcitonin gene-related peptide (CGRP) antagonist medication if approved for requested medication?

☐ Yes **OR** ☐ No
- If yes, please list the medication that will be discontinued and the medication that will be initiated upon approval along with the corresponding effective date.

Medication to be discontinued: _____ Effective date: _____

Medication to be initiated: _____ Effective date: _____

Recommended Dosing:

Drug	Dose	Quantity Limit
Nurtec® ODT	• Acute Migraine: 75 mg orally as a single dose; Maximum: 75 mg/24 hours • Preventive Migraine (Episodic): 75 mg orally every other day • The safety of treating > 18 doses in a 30-day period has not been established	• Acute Migraine: 8 tablets per 30 days • 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 • Maximum dose: 200 mg per 24 hours • The safety of treating > 8 migraines/month has not been established	• 10 tablets per 30 days
Qulipta®	• Preventive Migraine (Chronic & Episodic): 10 mg, 30 mg or 60 mg orally once daily • 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 • 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. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Authorization Length: 12 months

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

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❑ Diagnosis: Acute Migraine

- ❑ 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 Ubrelvy[®] and Zavzpret[™] requests: Member must have trial and failure of Nurtec[®] ODT (**verified through pharmacy paid claims or chart notes**)
- ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor if both are prescribed for treatment of acute migraine

❑ 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 2012/2015/2021/2024, Level A and B evidence; ICSI 2013, high quality evidence:
 - ❑ Anticonvulsants (divalproex, valproate, topiramate)
 - ❑ Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
 - ❑ Antidepressants (amitriptyline, venlafaxine)
 - ❑ Angiotensin II Receptor Blocker (candesartan) ***requires prior authorization***
 - ❑ CGRP inhibitors (Aimovig[®], Emgality[®], Ajovy[®], Vyepti[®])
- ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor if both are prescribed for migraine prevention
- ❑ Nurtec[®] ODT and Qulipta[®] will **NOT** be used in combination with Aimovig[®], Emgality[®], Ajovy[®] or Vyepti[®] if prescribed for migraine prevention

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- ❑ **Requests for concurrent use of Calcitonin Gene-Related Peptide (CGRP) inhibitors with Botox[®] (onabotulinumtoxinA) for migraine headache prevention (if applicable):** Member must meet **ALL** the following criteria (**verified by chart notes and/or pharmacy paid claims**):
 - ❑ Member must have a diagnosis of Chronic or Episodic Migraine Headache and is continuing to experience ≥ 4 migraine headache days per month after receiving therapy with **ALL** the following criteria:
 - ❑ 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 2012/2015/2021/2024, Level A and B evidence: ICSI 2013, high quality evidence:
 - ❑ Anticonvulsants (divalproex, valproate, topiramate)
 - ❑ Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
 - ❑ Antidepressants (amitriptyline, venlafaxine)
 - ❑ Angiotensin II receptor blocker (candesartan) ***requires prior authorization***
 - ❑ Member must meet **ONE** of the following:
 - ❑ Member has had an inadequate response to a **2-month** trial with an injectable CGRP inhibitor (e.g., Aimovig[®], Ajovy[®], Emgality[®]) or an oral CGRP inhibitor indicated for migraine prevention (e.g., Nurtec[®] ODT, Qulipta[™]) ***requires prior authorization***
 - ❑ Member has had an inadequate response to a **6-month** trial (2 injection cycles) of Botox[®] (onabotulinumtoxinA) ***requires prior authorization***

*****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.****