

# SENTARA HEALTH PLANS

## 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 1-800-750-9692.** 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: Injectable Calcitonin Gene-Related Peptide (CGRP) Antagonists

**Drug Requested:** (Select one from below)

PREFERRED	
<input type="checkbox"/> <b>Aimovig</b> <sup>®</sup> (erenumab)	<input type="checkbox"/> <b>Emgality</b> <sup>®</sup> (galcanezumab)
NON-PREFERRED	
<input type="checkbox"/> <b>Ajovy</b> <sup>®</sup> (fremanezumab) *Member must have tried and failed <b><u>ALL</u></b> preferred agents (including Nurtec ODT <sup>®</sup> and Qulipta <sup>™</sup> ) and meet all PA criteria for approval of Ajovy*	

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

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ 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: \_\_\_\_\_

- Will the member be discontinuing a previously prescribed injectable or oral calcitonin gene-related peptide (CGRP) antagonist medication if approved for requested medication?  
 Yes **OR**  No

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**PA Migraine Treatment: Injectable CGRP Antagonists (CORE)**

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- 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 & Quantity Limits:**

<b>Drug</b>	<b>Dose</b>	<b>Quantity Limit</b>
<b>Aimovig®</b> (erenumab)	<ul style="list-style-type: none"> <li>• <b>Migraine Prophylaxis:</b> Initial: 70 mg SC once a month; some members may benefit from 140 mg once a month (given as 2 consecutive 70 mg injections)</li> </ul>	<ul style="list-style-type: none"> <li>• 70 mg/mL (1 mL/30 day)</li> <li>• 140 mg dose (2 mL/30 days)</li> <li>• If using the 140 mg dose, must use the package labeled specifically for 140 mg/mL</li> </ul>
<b>Ajovy®</b> (fremanezumab)	<ul style="list-style-type: none"> <li>• <b>Migraine Prophylaxis for adults 18 years of age or older:</b> 225 mg SC monthly or 675 mg every 3 months</li> <li>• <b>Migraine Prophylaxis for children ≥6 years and Adolescents ≤17 years, weighing ≥45 kg:</b> 225 mg SC monthly</li> </ul>	<ul style="list-style-type: none"> <li>• 225 mg/1.5 mL; 1.5 mL (1 syringe) per 30 days or 4.5 mL (3 syringes) per 90 days</li> </ul>
<b>Emgality®</b> (galcanezumab)	<ul style="list-style-type: none"> <li>• <b>Migraine Prophylaxis:</b> Initial: 240 mg SC as a single loading dose, followed by 120 mg once monthly</li> <li>• <b>Episodic cluster headache prophylaxis:</b> 300 mg SC at the onset of the cluster period and then once monthly until the end of the cluster period</li> </ul>	<ul style="list-style-type: none"> <li>• 120 mg/mL; 1 mL (1 auto-injector and prefilled syringe) per 30 days with one time loading dose of 2 mL (2 auto-injectors)</li> <li>• For Episodic Cluster headache diagnosis only: 300 mg dose; 100 mg/mL prefilled syringe</li> </ul>

**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 Criteria**

- Member must meet **ONE** of the following age requirements:
  - For Aimovig & Emgality requests:** Member must be 18 years of age or older
  - For Ajovy requests:** Member must be 6 years of age or older and weigh 45 kg or more
- Provider has attested to all clinical criteria for **ONE** of the applicable diagnoses below

**DIAGNOSIS:** Please check **ONE** of the applicable diagnoses below

- Chronic & Episodic Migraine Headache Prevention** (All applicable boxes below must be met to qualify)

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**PA Migraine Treatment: Injectable CGRP Antagonists (CORE)**

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- ❑ Member must have a diagnosis of Chronic or Episodic Migraine Headache defined by **BOTH** of the following:
  - ❑ Member has  $\geq 4$  migraine headache days 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\***
    - ❑ Injectable CGRP inhibitors (Aimovig<sup>®</sup>, Emgality<sup>®</sup>, Ajovy<sup>®</sup>) or oral CGRP inhibitors indicated for migraine prevention (Qulipta<sup>™</sup>, Nurtec ODT<sup>®</sup>) **\*requires prior authorization\***
- ❑ **For Ajovy<sup>®</sup> requests for members  $\geq 18$  years of age:** Member must have tried and failed **ALL** preferred agents, Aimovig<sup>®</sup>, Emgality<sup>®</sup>, Nurtec ODT<sup>®</sup> and Qulipta<sup>™</sup> **AND** meet all prior authorization criteria for approval of Ajovy<sup>®</sup>
- ❑ Requested medication will **NOT** be used in combination with another injectable CGRP inhibitor (e.g., Aimovig<sup>®</sup>, Ajovy<sup>®</sup>, Emgality<sup>®</sup>, Vyepti<sup>®</sup>), or an oral CGRP inhibitor indicated for migraine prevention (e.g., Nurtec<sup>®</sup> ODT, Qulipta<sup>™</sup>)
- ❑ **Requests for concurrent use of Calcitonin Gene-Related Peptide (CGRP) inhibitors with Botox<sup>®</sup> (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  $\geq 4$  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<sup>®</sup>, Ajovy<sup>®</sup>, Emgality<sup>®</sup>, Vyepti<sup>®</sup>) or an oral CGRP inhibitor indicated for migraine prevention (e.g., Nurtec<sup>®</sup> ODT, Qulipta<sup>™</sup>) **\*requires prior authorization\***
      - ❑ Member has had an inadequate response to a **6-month** trial (2 injection cycles) of Botox<sup>®</sup> (onabotulinumtoxinA) **\*requires prior authorization\***

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**Episodic Cluster Headaches (Emgality<sup>®</sup> Only)** (All applicable boxes below must be met to qualify)

- Member has between one headache every other day and eight headaches per day
- Member must have failed at least a **1-month** trial of at least **ONE generic** standard prophylactic pharmacologic therapy, used to prevent cluster headache and supported by the American Headache Society/American Academy of Neurology treatment guidelines:
  - Suboccipital steroid injection
  - Calcium channel blockers (verapamil)
  - Alkali metal/ Antimanic (lithium)
  - Anticoagulant (warfarin)
  - Anticonvulsants (topiramate)
- Requested medication will **NOT** be used in combination with another injectable CGRP inhibitor (e.g., Aimovig<sup>®</sup>, Ajoovy<sup>®</sup>, Emgality<sup>®</sup>, Vyepti<sup>®</sup>), or an oral CGRP inhibitor indicated for migraine prevention (e.g., Nurtec<sup>®</sup> ODT, Qulipta<sup>™</sup>)

***\*\*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.\****