GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIMIGRAINE AGENTS, OTHER PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Aimovig (erenumab-aooe)</td>
<td>Emgality (galcanezumab-gnlm)</td>
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<tr>
<td>Ajovy (fremanezumab-vfrm)</td>
<td>Reyvow (lasmiditan)</td>
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<tr>
<td>Nurtec ODT (rimegepant)</td>
<td>Ubrelvy (ubrogepant)</td>
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</tbody>
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LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

_Aimovig and Ajovy_

- Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of chronic migraine headaches who are experiencing at least 15 headache days per month for at least 3 months, with at least 8 migraine days per month, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- Must be prescribed by or in consultation with a neurologist, headache specialist or pain specialist.

_Emgality_

- Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol) as well as with Ajovy and Emgality.
- Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of chronic migraine headaches who are experiencing at least 15 headache days per month for at least 3 months, with at least 8 migraine days per month, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate),
antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol) as well as with Ajovy and Emgality.

- Approvable for members 18 years of age or older when used as treatment in members with a diagnosis of episodic cluster headaches who are experiencing at least one attack every other day to 8 attacks per day and have experienced at least two cluster periods lasting from seven days to one year (when untreated) and separated by pain-free remission periods of three months or more, and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with verapamil and glucocorticosteroid.
- Must be prescribed by or in consultation with a neurologist, headache specialist or pain specialist.

**Nurtec ODT**

- Approvable for members 18 years of age or older when used as acute treatment in members with a diagnosis of migraines who have experienced inadequate response, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least two triptans.
- Approvable for members 18 years of age or older when used as prophylactic (preventative) treatment in members with a diagnosis of episodic migraine headaches who are experiencing at least 4 migraine days per month and have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication from each of the three following classes: anticonvulsants (i.e., divalproex, valproate/valproic acid, topiramate), antidepressants (i.e., amitriptyline, venlafaxine) and beta blockers (i.e., metoprolol, propranolol, timolol).
- Must be prescribed by or in consultation with a neurologist, headache specialist or pain specialist.

**Reyvow and Ubrelvy**

- Approvable for members 18 years of age or older when used as acute treatment in members with a diagnosis of migraines who have experienced inadequate response, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least two triptans as well as to Nurtec ODT.
- Must be prescribed by or in consultation with a neurologist, headache specialist or pain specialist.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to [http://dch.georgia.gov/preferred-drug-lists](http://dch.georgia.gov/preferred-drug-lists).

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.
QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.