

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.**

Drug Requested: **Non-Injectable Migraine Treatment** (Select drug below)

PREFERRED	
<input type="checkbox"/> Nurtec[®] ODT (rimegepant)	<input type="checkbox"/> Qulipta[™] (atogepant)
NON-PREFERRED	
<input type="checkbox"/> Reyvow[®] (lasmiditan) *Member must have tried and failed preferred Nurtec [®] ODT and meet all PA criteria	<input type="checkbox"/> Ubrelvy[™] (ubrogepant) *Member must have tried and failed preferred Nurtec [®] ODT and meet all PA criteria
<input type="checkbox"/> Zavzpret[™] (zavegepant) 10 mg nasal spray *Member must have tried and failed preferred Nurtec [®] ODT and meet all PA criteria	

AvMed Considers the use of concomitant therapy with Calcitonin Gene-Related Peptide Antagonists (CGRP) and Botox to be experimental and investigational, although safety and efficacy of these combinations has been established. In the event a member has an active Botox authorization on file and dual therapy is requested, all subsequent CGRP requests will be reviewed and assessed for medical necessity of combination therapy.

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: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

Weight: _____ Date: _____

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Recommended Dosing:

Drug	Dose	Quantity Limit
Nurtec [®] ODT	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Acute Migraine: 8 tablets per 30 days Preventive Migraine: 16 tablets per 30 days
Ubrelvy [®]	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 10 tablets per 30 days
Reyvow [®]	<ul style="list-style-type: none"> Acute Migraine: Initial: 50 to 100 mg as a single dose; maximum of 1 dose in 24 hours The safety of treating > 4 migraines/month has not been established 	<ul style="list-style-type: none"> 4 tablets per 30 days
Qulipta [®]	<ul style="list-style-type: none"> Preventive Migraine (Chronic & Episodic): 10 mg, 30 mg or 60 mg orally once daily Maximum dose: 60 mg/day 	<ul style="list-style-type: none"> 30 tablets per 30 days
Zavzpret [™]	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 1 carton (6 sprays) per 30 days

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval.

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

Diagnosis: Acute Migraine

- If experiencing > 4 migraine headaches per month, member must have failed a **2-month** trial of at least **ONE** migraine prophylactic class medication supported by the American Headache Society/American Academy of Neurology treatment guidelines 2012/2015/2021, Level A and B evidence; ICSI 2013, high quality evidence:
 - Anticonvulsants (divalproex, valproate, topiramate)
 - Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
 - Antidepressants (amitriptyline, venlafaxine)
 - CGRP inhibitors (Aimovig[®], Emgality[®], Ajovy[®])

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- ❑ 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 Reyvow[®], Ubrelvy[®] and Zavzpret[™] requests: Member must have trial and failure of Nurtec[®] ODT (**verified through pharmacy paid claims or chart notes**)
- ❑ For Nurtec[®] ODT or Ubrelvy[®] provider must attest to **ALL** the following:
 - ❑ Member does **NOT** have a CrCl < 15 mL/minute
 - ❑ Member is **NOT** currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, or clarithromycin) or a strong CYP3A inducer (such as phenobarbital, phenytoin, or rifampin)
 - ❑ Member does **NOT** have severe hepatic impairment (Child-Pugh C)
- ❑ For Reyvow[®] requests: provider attests member has agreed to **NOT** drive or operate machinery until at least 8 hours after taking each dose
- ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor

❑ 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, Level A and B evidence; ICSI 2013, high quality evidence:
 - ❑ Anticonvulsants (divalproex, valproate, topiramate)
 - ❑ Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
 - ❑ Antidepressants (amitriptyline, venlafaxine)
 - ❑ CGRP inhibitors (Aimovig[®], Emgality[®], Ajovy[®], Vyepti[®])

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PA Non-Injectable Migraine Treatment (AvMed)

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- ❑ Provider must attest to **ALL** the following:
 - ❑ Member does **NOT** have a CrCl < 15 mL/minute for Nurtec[®] ODT
 - ❑ Member is **NOT** currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, or clarithromycin) or a strong CYP3A inducer (such as phenobarbital, phenytoin, or rifampin)
 - ❑ Member does **NOT** have severe hepatic impairment (Child-Pugh C)
 - ❑ Requested medication will **NOT** be used in combination with another oral CGRP inhibitor
 - ❑ Nurtec[®] ODT and Qulipta[®] will **NOT** be used in combination with Aimovig[®], Emgality[®], Ajoovy[®], Vyepti[®] or Botox for migraine prevention.

*****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.****