

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare

**To:** Blood Banks, Community Health Centers, Dentists, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

## Changes to Prior Authorization for Migraine Agents, CGRP Antagonists

ForwardHealth has revised the prior authorization (PA) criteria revisions for migraine agents, calcitonin gene-related peptide (CGRP) antagonists drug class, effective for dates of service on and after December 7, 2018. In addition, ForwardHealth has revised and renamed the Prior Authorization/Preferred Drug List (PA/PDL) for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists form, F-02371 (09/2018), to the Prior Authorization Drug Attachment for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists form, F-02371 (12/2018).

For additional information about covered drugs on the PDL for BadgerCare Plus, Wisconsin Medicaid, and SeniorCare, providers may refer to the Preferred Drug List Quick Reference on the Pharmacy Resources page of the Providers area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

### Migraine Agents

#### ***Migraine Agents, CGRP Antagonists***

Aimovig, Ajovy, and Emgality are non-preferred drugs in the migraine agents, CGRP antagonists drug class. These drugs will be reviewed by the Pharmacy PA Advisory Committee as part of the May 2019 PDL review. Until the May 2019 PDL review, these drugs will remain non-preferred in the migraine agents, CGRP antagonist drug class.

#### *Clinical Criteria for Migraine Agents, CGRP Antagonists*

ForwardHealth has established clinical criteria for all migraine agents, CGRP antagonists. Clinical criteria for approval of an initial PA request for migraine agents, CGRP antagonist drugs are all of the following:

- The member is 18 years of age or older.
- The prescriber has evaluated and diagnosed the member as having a history of migraines, with or without aura, according to the International Classification of Headache Disorders, 3<sup>rd</sup> edition, diagnostic criteria.
- The member is compliant with the prescribed headache medication treatment regimen and continues to experience four or more migraine headache days per month.
- The member's current number of headache days per month, migraine days per month, and average migraine duration (in hours) have been documented.
- The member has tried migraine prophylaxis medications from **at least three** of the drug categories listed for a minimum of one month each and experienced an unsatisfactory therapeutic response(s) or experienced a clinically significant adverse drug reaction(s). (If the member has not attempted migraine prophylaxis medications from at least three of the drug categories listed below, the member must have a medical condition[s] or clinically significant drug interaction[s] that prevents them from taking a drug in each of the

classes that have not been attempted. The prescriber is required to document the drug category and the medical condition[s] or drug interaction[s] that prevents them from taking a drug in each of the drug categories listed below that they have not attempted):

- ✓ Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARBs)
- ✓ Anticonvulsants
- ✓ Antidepressants
- ✓ Beta blockers
- ✓ Calcium channel blockers
- The member's current prescribed headache medication treatment regimen must be documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency); as well as confirm the member's headaches are not due to medication overuse.

A copy of the member's medical records must be submitted with all PA requests for migraine agents, CGRP antagonist drugs. Medical records must document the member's medical work-up for migraines, including complete problem and medication lists.

*Note:* ForwardHealth will only authorize initial PA requests for Ajovy for a monthly dosing frequency. Additionally, starting a member on a medication by using manufacturer-provided samples or manufacturer patient assistance programs will not be considered as previous medication history for PA review.

If clinical criteria for migraine agents, CGRP antagonist drugs are met, initial PA requests may be approved for up to a maximum of 183 days.

#### *Initial Renewal PA Requests for Migraine Agents, CGRP Antagonists*

Clinical criteria that must be documented for approval of initial renewal PA requests for migraine agents, CGRP antagonist drugs are **all** of the following:

- The member experienced a clinically significant decrease in the number of migraine days per month and/or a

decrease in migraine duration compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug.

- The current number of headache days per month, the number of migraine days per month, and the average migraine duration (in hours) must be documented.
- The member's current prescribed headache medication treatment regimen has been documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency).
- The member has been compliant with their prescribed headache medication treatment regimen.

If clinical criteria for migraine agents, CGRP antagonist drugs are met, initial renewal PA requests for migraine agents, CGRP antagonist drugs may be approved for up to a maximum of 365 days.

#### *Subsequent Renewal PA Requests for Migraine Agents, CGRP Antagonists*

Clinical criteria that must be documented for approval of subsequent renewal PA requests for migraine agents, CGRP antagonist drugs are **all** of the following:

- The member has sustained a clinically significant decrease in the number of migraine days per month and/or a decrease in migraine duration compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug.
- The current number of headache days per month, the number of migraine days per month, and the average migraine duration (in hours) must be documented.
- The member's current prescribed headache medication treatment regimen has been documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency).
- The member has been compliant with their prescribed headache medication treatment regimen.

If clinical criteria for migraine agents, CGRP antagonist drugs are met, subsequent renewal PA requests for migraine

agents, CGRP antagonist drugs may be approved for up to a maximum of 365 days.

## **Revised Prior Authorization Drug Attachment for Migraine Agents, CGRP Antagonists Form**

ForwardHealth has revised and renamed the PA/PDL for Migraine Agents, CGRP Antagonist form to the Prior Authorization Drug Attachment for Migraine Agents, CGRP Antagonist form. The previous version of the form will be removed from the Forms page of the Portal and placed on the Pharmacy-Related Forms and Instructions archive page linked under the Archives section of the Pharmacy Resources page of the Portal. PA requests submitted on and after December 7, 2019, must be submitted on the revised form, or the PA request will be returned to the provider. Refer to the Forms page of the Portal for a copy of the revised form and instructions.

PA requests that have already been approved will be honored until they expire or until the approved days' supply is used up.

For more information about migraine agents, CGRP antagonists, providers may refer to the Clinical Criteria for Migraine Agents, CGRP Antagonists topic (topic #21118) in the Migraine Agents, CGRP Antagonists topic (topic #21117) of the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the ForwardHealth Online Handbook.

### **Submitting PA Requests for Migraine Agents, CGRP Antagonists**

PA requests for migraine agents, CGRP antagonist drugs must be completed, signed, and dated by the prescriber. The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

PA requests for migraine agents, CGRP antagonist drugs should be submitted using the Prior Authorization Drug Attachment for Migraine Agents, CGRP Antagonists form, and the Prior Authorization/Request Form (PA/RF), F-11018 (05/13). Clinical documentation supporting the use of migraine agents, CGRP antagonist drugs must be submitted with the PA request.

PA requests for migraine agents, CGRP antagonist drugs may be submitted on the Portal, by fax, or by mail (but not using the Specialized Transmission Approval Technology-Prior Authorization [STAT-PA] system).

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership program are provided by the member's managed care organization (MCO). Members who are enrolled in the Wisconsin Chronic Disease Program only are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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