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Migraine Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.

Standard Requirements:

- ☐ Type of headache diagnosis: chronic/episodic migraine, episodic cluster headache, etc.
- ☐ Number of headache days per month, migraine days per month, and migraine hours per day
- ☐ Documentation of previous tried/failed treatments (drug name, dose, duration, and outcome)
  - Preventative treatments: ACE-I/ARB, ADT, antiepileptics, beta-blockers, Botox®, CCBs, etc.
  - Acute treatments: ergots, NSAIDs, triptans, combination/other
- ☐ Diagnostic imaging reports: CT Scan, MRI, Lumbar puncture
- ☐ Aura symptoms that maybe present, migraine symptoms such as N/V, photophobia, phonophobia
- ☐ Submission of chart notes and medical documentation with prescription referral to specialty fax line

Varying Requirements Based on the Insurance:

- ☐ Severity of the disease based on the physical assessment
- ☐ Documentation of any ER visits or any disability due to headache/migraine (e.g., work, school)
- ☐ MIGSEV Questionnaire based assessment from the MD
- ☐ Migraine diary of the patient
- ☐ Diagnostic imagery, such as: EEG, MRI, Angiography, Eye Examination
- ☐ Blood and urine chemistry reports
- ☐ Any concomitant conditions and medications (including any OTC medications)
- ☐ For Botox®: documentation of patient monitoring for life-threatening symptoms from spread of toxin effect (e.g., breathing and swallowing difficulties)
- ☐ For acute treatment:
  - Confirmation that the patient's headaches are not due to medication overuse
  - Failure of 2-3 triptans unless contraindicated or intolerant; may require failure of 2 formulations
  - Prior failure or current treatment with prophylactic therapy unless contraindicated or intolerant
  - Nurtec™ ODT/Ubrelvy®: no severe hepatic impairment or ESRD; not used in combination with strong CYP3A4 inhibitors (e.g., ketoconazole, clarithromycin) or another CGRP antagonist
  - Reyvow®: patient must be informed to not drive or operate machinery for 8 hours after each dose; document assessment of risk for concomitant medications that may cause CNS depression

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