

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated references



CGRP Antagonists, Prophylaxis

Drugs Requiring Prior Authorization

****Criteria for Nurtec ODT for acute treatment of migraine can be found in the CGRP Antagonists, Acute criteria guide.**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AIMOVIG 140 MG/ML AUTOINJECTOR	46116
AIMOVIG 70 MG/ML AUTOINJECTOR	44753
AJOVY 225 MG/1.5 ML AUTOINJECT	47862
AJOVY 225 MG/1.5 ML SYRINGE	45306
EMGALITY 120 MG/ML PEN	40418
EMGALITY 120 MG/ML SYRINGE	40419
EMGALITY 300 MG (100 MG x 3 SYR)	46397
NURTEC ODT 75 MG TABLET	47762
QULIPTA 10 MG TABLET	51231
QULIPTA 30 MG TABLET	51232
QULIPTA 60 MG TABLET	51236



CGRP Antagonists, Prophylaxis

Clinical Criteria Logic

****Criteria for Nurtec ODT for acute treatment of migraine can be found in the CGRP Antagonists, Acute criteria guide.**

1. Is this a renewal request?
 Yes (Go to #6)
 No (Go to #2)
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of episodic migraines (defined as having between 4 and 14 migraine days per month and less than ($<$) 15 headache days per month on average in the last 90 days)? [Manual]
 Yes (Go to #6)
 No (And the request is for Aimovig, Ajovy, Emgality or Qulipta, go to #4)
 No (And the request is for Nurtec ODT, Deny)
4. Does the client have a diagnosis of chronic migraines (defined as having greater than or equal to (\geq) 8 migraine days per month and greater than or equal to (\geq) 15 headache days per month on average in the last 90 days)? [Manual]
 Yes (Go to #6)
 No (And request is for Emgality, go to #5)
 No (And request is for Aimovig, Ajovy or Qulipta, Deny)
5. Does the client have a diagnosis of episodic cluster headaches (defined as having two cluster periods lasting from 7 days to one year and separated by pain-free remission periods of greater than or equal to (\geq) 3 months)? [Manual]
 Yes (Go to #6)
 No (Deny)
6. Is the requested quantity less than or equal to the **recommended dosing guidelines**?
 Yes (And the request is for Aimovig, Ajovy or Emgality, go to #15)
 Yes (And the request is for Nurtec ODT or Qulipta, go to #7)
 No (Deny)

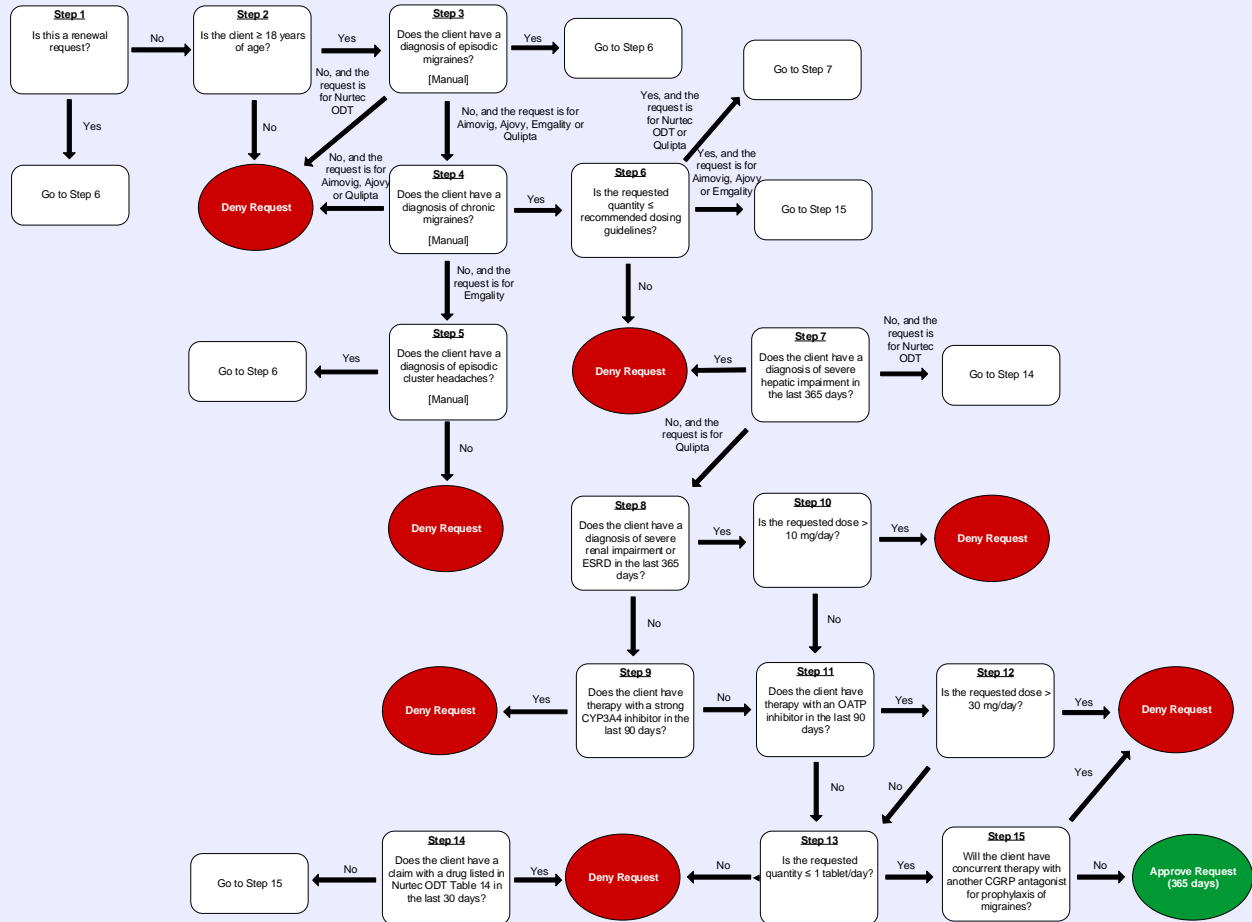
7. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?
- Yes (Deny)
 - No (And the request is for Nurtec ODT, go to #14)
 - No (And the request is for Qulipta, go to #8)
8. Does the client have a diagnosis of **severe renal impairment or end-stage renal disease (ESRD)** in the last 365 days?
- Yes (Go to #10)
 - No (Go to #9)
9. Does the client have therapy with a **strong CYP3A4 inhibitor** in the last 90 days?
- Yes (Go to #10)
 - No (Go to #11)
10. Is the requested dose greater than (>) 10 mg/day?
- Yes (Deny)
 - No (Go to #11)
11. Does the client have therapy with an **OATP inhibitor** in the last 90 days?
- Yes (Go to #12)
 - No (Go to #13)
12. Is the requested dose greater than (>) 30 mg/day?
- Yes (Deny)
 - No (Go to #13)
13. Is the requested quantity less than or equal (\leq) to 1 tablet/day?
- Yes (Go to #15)
 - No (Deny)
14. Does the client have a claim for a **drug listed in Nurtec ODT Table 14** in the last 30 days?
- Yes (Deny)
 - No (Go to #15)
15. Will the client have concurrent therapy with another **CGRP antagonist for prophylaxis of migraines**?
- Yes (Deny)
 - No (Approve – 365 days)



CGRP Antagonists, Prophylaxis

Clinical Criteria Logic Diagram

****Criteria for Nurtec ODT for acute treatment of migraine can be found in the CGRP Antagonists, Acute criteria guide.**





CGRP Antagonists, Prophylaxis

Clinical Criteria Supporting Tables

Step 6 Dosing Guidelines		
Label Name	Recommended Dose	Allowable Quantity
Aimovig	70 mg monthly; some may benefit from 140 mg monthly	≤ 2 syringes/month
Ajovy	225 mg monthly; 675 mg every 3 months	≤ 1 syringe/month
Emgality	Migraine dosing: 240 mg loading dose followed by 120 mg monthly Episodic cluster headache dosing: 300 mg at the onset and then 300 mg monthly	Migraines: ≤ 1 syringe/month (starting with second dose) Episodic cluster headaches: ≤ 3 syringes/month
Nurtec ODT	For prophylaxis: 75 mg every other day	≤ 18 tablets/month
Qulipta	Episodic migraine: 10mg, 30mg, or 60mg daily Chronic migraine: 60mg daily Severe Renal Impairment or ESRD: episodic migraine, 10mg daily. Chronic migraine, avoid use.	≤ 1 tablet daily

Step 7 (diagnosis of severe hepatic impairment) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS

Step 7 (diagnosis of severe hepatic impairment)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA

Step 7 (diagnosis of severe hepatic impairment)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Step 8 (diagnosis of severe renal impairment)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) eGFR: 15-29 mL/min
N185	CHRONIC KIDNEY DISEASE, STAGE 5 eGFR: < 15 mL/min
N186	END STAGE RENAL DISEASE eGFR: < 15 mL/min

Step 9 (therapy with strong CYP3A4 inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
EVOTAZ 300-150MG TABLET	37797
GENVOYA TABLET	40092
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NORVIR 100 MG POWDER PACKET	40309

Step 9 (therapy with strong CYP3A4 inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RITONAVIR 100 MG TABLET	28224
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SYMTUZA 800-150-200-10 MG TAB	43968
TOLSURA 65 MG CAPSULE	45848
TYBOST 150MG TABLET	36468
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885

Step 11 (therapy with an OATP inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
E.E.S. 200 MG/5 ML GRANULES	40523
E.E.S. 400 FILMTAB	40560
ERYPED 200 MG/5 ML SUSPENSION	40523
ERYPED 400 MG/5 ML SUSPENSION	40524
ERY-TAB EC 250 MG TABLET	40730
ERY-TAB EC 333 MG TABLET	40731
ERY-TAB EC 500 MG TABLET	40732
ERYTHROCIN 250 MG FILMTAB	40642
ERYTHROCIN 500 MG ADDVNT VL	25529
ERYTHROCIN 500 MG VIAL	40601
ERYTHROMYCIN 200 MG/5 ML SUSP	40523
ERYTHROMYCIN 250 MG FILMTAB	40720
ERYTHROMYCIN 500 MG FILMTAB	40721
ERYTHROMYCIN EC 250 MG CAP	40660
ERYTHROMYCIN ES 400 MG TAB	40560
GEMFIBROZIL 600 MG TABLET	25540
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
LOPID 600 MG TABLET	25540
NEORAL 100 MG GELATIN CAPSULE	13919

Step 11 (therapy with an OATP inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
AMIODARONE HCL 100 MG TABLET	10921
AMIODARONE HCL 200 MG TABLET	10920
AMIODARONE HCL 400 MG TABLET	12465
APTIOM 200 MG TABLET	36098
APTIOM 400 MG TABLET	36099
APTIOM 600 MG TABLET	36106
APTIOM 800 MG TABLET	27409
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
ATRIPLA TABLET	27346
BEXAROTENE 75 MG CAPSULE	92373
BOSENTAN 125 MG TABLET	14978
BOSENTAN 62.5MG TABLET	14979
CALAN 120 MG TABLET	02341

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CARVEDILOL 12.5 MG TABLET	01552
CARVEDILOL 25 MG TABLET	01551
CARVEDILOL 3.125 MG TABLET	01553
CARVEDILOL 6.25 MG TABLET	01554
CARVEDILOL ER 10 MG CAPSULE	97596
CARVEDILOL ER 20 MG CAPSULE	97597
CARVEDILOL ER 40 MG CAPSULE	97598
CARVEDILOL ER 80 MG CAPSULE	97599
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
COREG 12.5 MG TABLET	01552
COREG 25 MG TABLET	01551
COREG 3.125 MG TABLET	01553
COREG 6.25 MG TABLET	01554
COREG CR 10 MG CAPSULE	97596
COREG CR 20 MG CAPSULE	97597
COREG CR 40 MG CAPSULE	97598
COREG CR 80 MG CAPSULE	97599

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
EFAVIRENZ 600 MG TABLET	15555
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
EVOTAZ 300-150MG TABLET	37797
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
GENVOYA TABLET	40092
INTELENCE 100 MG TABLET	99318
INTELENCE 200 MG TABLET	29424
INTELENCE 25 MG TABLET	32035
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LYSODREN 500 MG TABLET	37810
MODAFINIL 100 MG TABLET	26101

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
MODAFINIL 200 MG TABLET	26102
MULTAQ 400 MG TABLET	26586
MYCOBUTIN 150 MG CAPSULE	29810
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NEORAL 100 MG GELATIN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
PACERONE 100 MG TABLET	10921
PACERONE 200 MG TABLET	10920
PACERONE 400 MG TABLET	12465
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIFTIN 150 MG TABLET	45911
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
PROMACTA 12.5 MG SUSPEN PACKET	45875
PROMACTA 12.5 MG TABLET	31176
PROMACTA 25 MG TABLET	15994
PROMACTA 50 MG TABLET	15995
PROMACTA 75 MG TABLET	28344
PROPAFENONE HCL 150 MG TABLET	12431
PROPAFENONE HCL 225 MG TAB	12433
PROPAFENONE HCL 300 MG TAB	12432
PROPAFENONE HCL ER 225 MG CAP	21056
PROPAFENONE HCL ER 325 MG CAP	21058
PROPAFENONE HCL ER 425 MG CAP	21059
PROVIGIL 100 MG TABLET	26101
PROVIGIL 200 MG TABLET	26102
QUINIDINE GLUC ER 324 MG TAB	01011
QUINIDINE SULFATE 200 MG TAB	01053
QUINIDINE SULFATE 300 MG TAB	01055
RANEXA ER 1,000 MG TABLET	98733
RANEXA ER 500 MG TABLET	26459

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
RANOLAZINE ER 1,000 MG TABLET	98733
RANOLAZINE ER 500 MG TABLET	26459
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFABUTIN 150 MG CAPSULE	29810
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
RITONAVIR 100 MG TABLET	28224
RITONAVIR 100 MG TABLET	28224
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SUSTIVA 200 MG CAPSULE	43303
SUSTIVA 50 MG CAPSULE	43301
SUSTIVA 600 MG TABLET	15555
SYMFI 600-300-300 MG TABLET	44548
SYMFI LO 400-300-300 MG TABLET	44425
SYMTUZA 800-150-200-10 MG TAB	43968
TAFINLAR 50 MG CAPSULE	34723
TAFINLAR 75 MG CAPSULE	34724
TARGRETIN 75 MG CAPSULE	92373
TARKA ER 2-180 MG TABLET	32111
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114
TEGRETOL 100 MG/5 ML SUSP	47500

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TOLSURA 65 MG CAPSULE	45848
TOLSURA 65 MG CAPSULE	45848
TRACLEER 125 MG TABLET	14978
TRACLEER 32 MG TABLET FOR SUSP	43819
TRACLEER 62.5 MG TABLET	14979
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TYBOST 150MG TABLET	36468
TYKERB 250 MG TABLET	98140
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 360 MG CAP PELLETT	03004
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004
VERELAN PM 100 MG CAP PELLETT	94122
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124
VFEND 200 MG TABLET	17498

Nurtec ODT Step 14 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
XTANDI 40 MG CAPSULE	33183
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885

Step 15 (CGRP antagonist for prophylaxis of migraine)	
Label Name	GCN
AIMOVIG 140 MG/ML AUTOINJECTOR	46116
AIMOVIG 70 MG/ML AUTOINJECTOR	44753
AJOVY 225 MG/1.5 ML AUTOINJECT	47862
AJOVY 225 MG/1.5 ML SYRINGE	45306
EMGALITY 120 MG/ML PEN	40418
EMGALITY 120 MG/ML SYRINGE	40419
EMGALITY 300 MG (100 MG x 3 SYR)	46397
NURTEC ODT 75 MG TABLET	47762
QULIPTA 10 MG TABLET	51231
QULIPTA 30 MG TABLET	51232
QULIPTA 60 MG TABLET	51236



CGRP Antagonists

Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/26/2018	<ul style="list-style-type: none"> Initial publication and presentation to the DUR Board
10/31/2018	<ul style="list-style-type: none"> Updated to include DUR Board recommendations
02/05/2019	<ul style="list-style-type: none"> Added GCNs for Ajovy and Emgality to 'Drugs Requiring PA' Added dosing guidelines for Ajovy and Emgality to Table 7 Updated references
03/26/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
07/03/2019	<ul style="list-style-type: none"> Added diagnosis of episodic cluster headache for Emgality (question #6) to criteria logic and logic diagram Updated Table 3 Updated Table 8 Updated references
08/29/2019	<ul style="list-style-type: none"> Added GCNs for Emgality to drug table
10/07/2021	<ul style="list-style-type: none"> Removed specialist requirement from criteria
01/24/2022	<ul style="list-style-type: none"> Added criteria for Qulipta as approved by the DUR Board Removed check for chronic opioid therapy Added criteria for Nurtec ODT for prophylactic therapy
02/17/2022	<ul style="list-style-type: none"> Updated criteria logic for step 4 – if yes, go to step 6
11/08/2022	<ul style="list-style-type: none"> Added renewal criteria for all agents Corrected Nurtec ODT criteria logic to ensure there is a dose check Increased the prior authorization approval duration to 365 days
12/01/2022	<ul style="list-style-type: none"> Annual review by staff Updated references
05/03/2023	<ul style="list-style-type: none"> Added diagnosis of chronic migraine for Qulipta to criteria logic and logic diagram Updated Qulipta reference
05/18/2023	<ul style="list-style-type: none"> Updated criteria logic and diagram to clarify dosing questions for Qulipta
01/09/2024	<ul style="list-style-type: none"> Annual review by staff Updated references
07/26/2024	<ul style="list-style-type: none"> Revision (removal of prior therapy with first-line agents) presented to the DUR Board
08/31/2024	<ul style="list-style-type: none"> Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none">• Updated references