



# Important Provider Notice



8.1.22

## Acute Migraine Treatment-GEPANTS

### Require a Prior Authorization

Preferred/Formulary GEPANT differs depending on prescription benefit and require a prior authorization:

Pennsylvania Medicaid Preferred agent: **Nurtec ODT\***

Medicare Part D Formulary agent: **Ubrelvy\***

### Criteria for Approval for Acute Treatment

- Diagnosis of migraine headache
- Confirmation of use for acute treatment
- Documentation of a trial and failure of two different triptans
- For a nonpreferred/nonformulary agent, a trial of the preferred/formulary agent(s)

Preferred/formulary triptans\*:

Pennsylvania Medicaid: Imitrex Nasal Spray, Naratriptan Tablet, Rizatriptan ODT/Tablet, Sumatriptan Cartridge/Nasal Spray/Pen/Tablet/Vial, Zolmitriptan Nasal Spray/ODT/Tablet

Medicare Part D: Rizatriptan tablet/ODT, Sumatriptan Nasal Spray/Tablet/Cartridge/Solution/Solution Autoinjector

\*Please note, quantity limits apply

### Important Reminders for Submitting a Prior Authorization

- ✓ Be sure to note the preferred agent for the member's prescription benefit
- ✓ CGRP Antagonists and Gepants require Prior Authorization for Acute and Prophylactic Treatment. Visit [Highmarkwholecare.com](https://www.highmarkwholecare.com) for the PA criteria that applies to preventative treatment.

Visit [Highmarkwholecare.com](https://www.highmarkwholecare.com) to view the preferred drugs, the most up to date criteria and to access drug specific request forms

Consider using [CoverMyMeds](https://www.covermymeds.com) to streamline the prior authorization process. Visit [covermymeds.com](https://www.covermymeds.com) for more information

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").