

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Calcitonin Gene-Related Peptide Receptor (CGRP)  
Antagonists****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**

Removed specialist requirement from criteria



## CGRP Antagonists

### Drugs Requiring Prior Authorization

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](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
AIMOVIG 140 MG DOSE-2 AUTOINJECTORS	44753
AIMOVIG 70 MG/ML AUTOINJECTOR	44753
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



## CGRP Antagonists

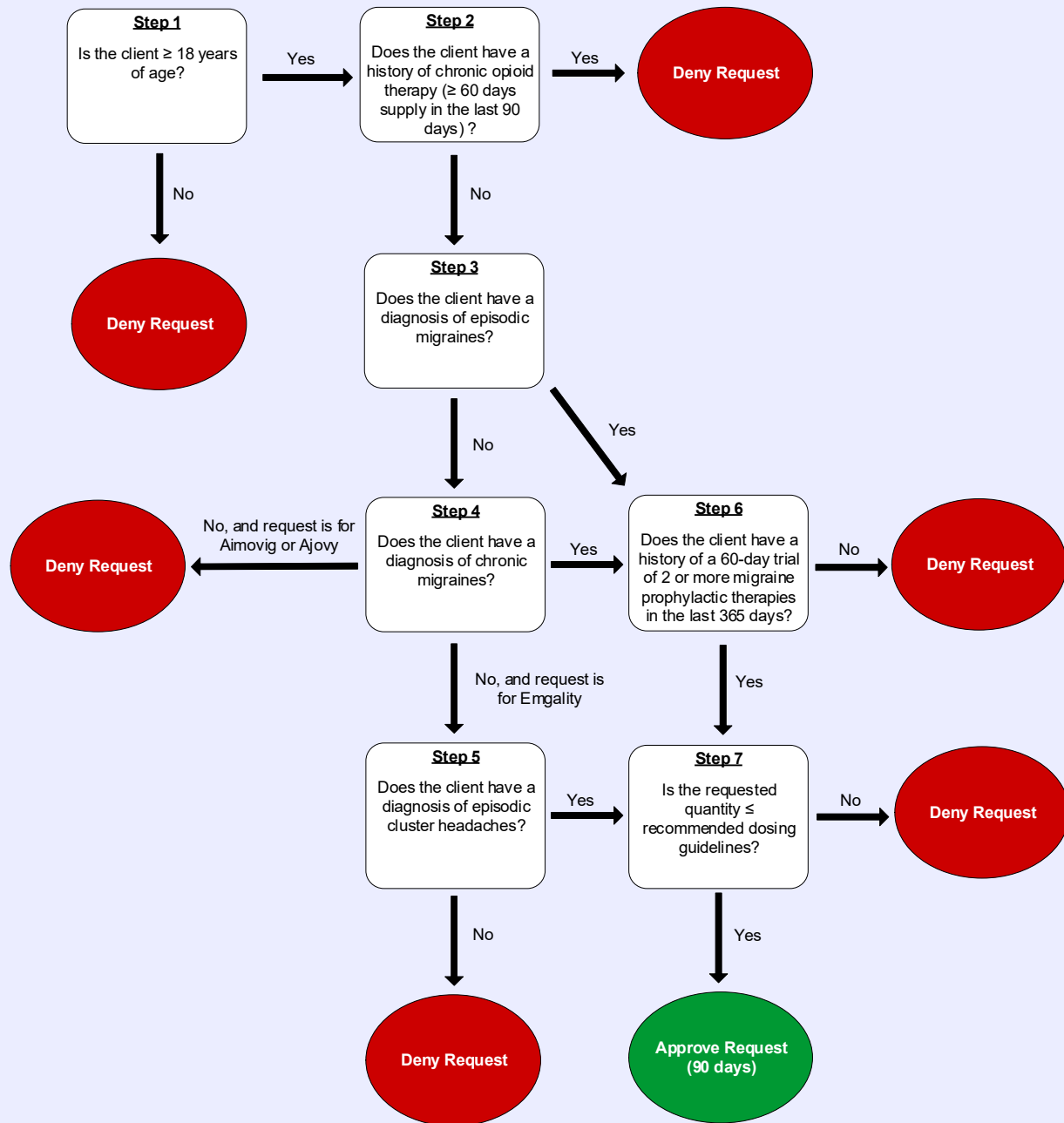
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a history of **chronic opioid therapy** (greater than or equal to ( $\geq$ ) 60 days supply in the last 90 days)?  
 Yes (Deny)  
 No (Go to #3)
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 (Go to #4)
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 or Ajovy, 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 #7)  
 No (Deny)
6. Does the client have a history of a 60-day trial of 2 or more **migraine prophylactic therapies**\*\* in the last 365 days? (\*\*AAN/AHA 2012/2015, Strong Evidence (Level A and B))  
 Yes (Go to #7)  
 No (Deny)
7. Is the requested quantity less than or equal to the **recommended dosing guidelines**?  
 Yes (Approve – 90 days)  
 No (Deny)



# CGRP Antagonists

## Clinical Criteria Logic Diagram





## CGRP Antagonists

### Clinical Criteria Supporting Tables

<b>Step 3 (history of chronic opioid therapy)</b> <b>Required days supply: 60</b> <b>Look back timeframe: 90 days</b>	
Label Name	GCN
ACETAMIN-CAFF-DIHYDROCOD 320.5	37532
ACETAMIN-CAFF-DIHYDROCOD 325	43264
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML	55402
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
ASCOMP WITH CODEINE CAPSULE	69500
BELBUCA 75 MCG FILM	39959
BELBUCA 150 MCG FILM	39965
BELBUCA 300 MCG FILM	39966
BELBUCA 450 MCG FILM	39967
BELBUCA 600 MCG FILM	39968
BELBUCA 750 MCG FILM	39969
BELBUCA 900 MCG FILM	39975
BELLADONNA-OPIUM 30-16.2MG SUPP	70741
BELLADONNA-OPIUM 60-16.2MG SUPP	70742
BUTALB-ACETAMINOPH-CAFF-CODEIN	34988
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 15 MCG/HR PATCH	35214
BUTRANS 20 MCG/HR PATCH	25312
BUTRANS 5 MCG/HR PATCH	25308
BUTRANS 7.5 MCG/HR PATCH	36946

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
CAPITAL WITH CODEINE 120MG-12MG/5ML	70110
CARISOPRODOL CPD-CODEINE TABLET	13995
CHERATUSSIN AC SYRUP	91713
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG/ML VIAL	15960
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 75 MG/1.5 ML AMPUL	25607
DIHYDROCODEIN-ACETAMINOPH-CAFF	37532
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
DOLOPHINE HCL 10 MG TABLET	16420
DURAGESIC 100 MCG/HR PATCH	19203
DURAGESIC 12 MCG/HR PATCH	24635
DURAGESIC 25 MCG/HR PATCH	19200
DURAGESIC 50 MCG/HR PATCH	19201
DURAGESIC 75 MCG/HR PATCH	19202
EMBEDA ER 100-4 MG CAPSULE	37692
EMBEDA ER 20-0.8MG CAPSULE	37685
EMBEDA ER 30-1.2MG CAPSULE	37686
EMBEDA ER 50-2MG CAPSULE	37687
EMBEDA ER 60-2.4MG CAPSULE	37688
EMBEDA ER 80-3.2MG CAPSULE	37689
ENDOCET 10-325 MG TABLET	14966
ENDOCET 2.5-325 MG TABLET	70492
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
EXALGO ER 12 MG TABLET	28427
EXALGO ER 16 MG TABLET	33142
EXALGO ER 32 MG TABLET	33088
EXALGO ER 8 MG TABLET	33143

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORINAL-COD 30-50-325-40 CAP	69500
FLOWTUSS 2.5-200 MG/5 ML SOLN	37679
GUAIFEN-CODEINE 100-10 MG/5 ML	91713
HYCOFENIX 2.5-30-200 MG/5 ML	38666
HYDROCOD-CPM-PSEUDOEP 5-4-60/5	30047
HYDROCODON-ACETAMIN 7.5-325/15 ML	21146
HYDROCODON-ACETAMINOPH 2.5-325	70337
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCOD-HOMATROPINE SYRUP	13973
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200	22678
HYDROMET SYRUP	13973
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143
HYSINGLA ER 100MG TABLET	37546
HYSINGLA ER 120MG TABLET	37547
HYSINGLA ER 20MG TABLET	37539
HYSINGLA ER 30MG TABLET	37541
HYSINGLA ER 40MG TABLET	37543
HYSINGLA ER 60MG TABLET	37544
HYSINGLA ER 80MG TABLET	37545
IBUDONE 10-200 MG TABLET	99371
IBUDONE 5-200 MG TABLET	22678
KADIAN ER 10 MG CAPSULE	26490
KADIAN ER 100 MG CAPSULE	26494
KADIAN ER 20 MG CAPSULE	26492
KADIAN ER 200 MG CAPSULE	98135
KADIAN ER 30 MG CAPSULE	97534
KADIAN ER 40 MG CAPSULE	33158
KADIAN ER 50 MG CAPSULE	26493
KADIAN ER 60 MG CAPSULE	97535
KADIAN ER 80 MG CAPSULE	97508
LAZANDA 300MCG NASAL SPRAY	41539
LORCET 5-325 MG TABLET	12486
LORCET HD 10-325 MG TABLET	70330
LORCET PLUS 7.5-325 MG TABLET	12488
LORTUSS EX LIQUID	54670



<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 100 MG/ML VIAL	25627
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG/ML VIAL	25609
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
MORPHABOND ER 100 MG TABLET	39856
MORPHABOND ER 15 MG TABLET	39853
MORPHABOND ER 30 MG TABLET	39854
MORPHABOND ER 60 MG TABLET	39855
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 15 MG/ML VIAL	16041
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF 8 MG/ML VIAL	16043
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NALOCET 2.5-300 MG TABLET	26953
NINJACOF-XG LIQUID	30677
NORCO 10-325 TABLET	70330
NORCO 5-325 TABLET	12486
NUCYNTA 100 MG TABLET	26165
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
NUCYNTA ER 50MG TABLET	29787
OPANA 10 MG TABLET	27244
OPANA 5 MG TABLET	27243
OPIUM TINCTURE 10 MG/ML	16471
OXYCODONE CONC 20 MG/ML SOLN	16281

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ASA 4.8355-325	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
PROMETHAZINE-CODEINE SYRUP	13971
PROMETHAZINE VC-CODEINE SYRUP	13978
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
ROXYBOND 15 MG TABLET	44877
ROXYBOND 30 MG TABLET	44878
ROXYBOND 5 MG TABLET	32047
SUBSYS 100 MCG SPRAY	31187
SUBSYS 200 MCG SPRAY	31189
SUBSYS 400 MCG SPRAY	31188
SUBSYS 600 MCG SPRAY	31192
SUBSYS 800 MCG SPRAY	31193
SUBSYS 1,200 MCG SPRAY	31596
SUBSYS 1,600 MCG SPRAY	31597
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG TABLET	50417
TRAMADOL-ACETAMINOPHN 37.5-325	13909
TRAMADOL ER 100 MG TABLET	99151
TRAMADOL ER 200 MG TABLET	99152
TRAMADOL ER 300 MG TABLET	99153
TRAMADOL HCL ER 100 MG CAPSULE	30382
TRAMADOL HCL ER 200 MG CAPSULE	30383
TRAMADOL HCL ER 300 MG CAPSULE	30384
TRAMADOL HCL ER 300 MG TABLET	50427
TUSSIONEX PENNKINETIC SUSP	13974
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
ULTRACET TABLET	13909
ULTRAM 50 MG TABLET	07221
VICODIN 5-300 MG TABLET	26470
VICODIN ES 7.5-300 MG TABLET	26709

<b>Step 3 (history of chronic opioid therapy)</b>	
<b>Required days supply: 60</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
VICODIN HP 10-300 MG TABLET	22929
VIRTUSSIN AC LIQUID	91713
VIRTUSSIN DAC LIQUID	54670
XODOL 10-300 TABLET	22929
XODOL 7.5-300 TABLET	26709
XTAMPZA ER 9 MG CAPSULE	41272
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276
ZUTRIPRO	30047

<b>Step 7 (history of migraine prophylactic therapy)</b>	
<b>Required claims: 2</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
AMITRIPTYLINE HCL 10 MG TAB	16512
AMITRIPTYLINE HCL 100 MG TAB	16513
AMITRIPTYLINE HCL 150 MG TAB	16514
AMITRIPTYLINE HCL 25 MG TAB	16515
AMITRIPTYLINE HCL 50 MG TAB	16516
AMITRIPTYLINE HCL 75 MG TAB	16517
ATENOLOL 100 MG TABLET	20660
ATENOLOL 25 MG TABLET	20662
ATENOLOL 50 MG TABLET	20661
DEPAKOTE DR 125 MG SPRINKLE CP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754
DEPAKOTE ER 500 MG TABLET	18040
DIVALPROEX DR 125 MG CAP SPRNK	17400
DIVALPROEX SOD DR 125 MG TAB	17292
DIVALPROEX SOD DR 250 MG TAB	17290

<b>Step 7 (history of migraine prophylactic therapy)</b>	
<b>Required claims: 2</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
DIVALPROEX SOD DR 500 MG TAB	17291
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
EFFEXOR XR 150 MG CAPSULE	16818
EFFEXOR XR 37.5 MG CAPSULE	16816
EFFEXOR XR 75 MG CAPSULE	16817
INDERAL LA 120 MG CAPSULE	03231
INDERAL LA 160 MG CAPSULE	03232
INDERAL LA 60 MG CAPSULE	03233
INDERAL LA 80 MG CAPSULE	03230
INNOPRAN XL 120 MG CAPSULE	19359
INNOPRAN XL 80 MG CAPSULE	20621
METOPROLOL SUCC ER 100 MG TAB	20742
METOPROLOL SUCC ER 200 MG TAB	20743
METOPROLOL SUCC ER 25 MG TAB	12947
METOPROLOL SUCC ER 50 MG TAB	20741
METOPROLOL TARTRATE 100 MG TAB	20641
METOPROLOL TARTRATE 25 MG TAB	17734
METOPROLOL TARTRATE 50 MG TAB	20642
NADOLOL 20 MG TABLET	20654
NADOLOL 40 MG TABLET	20652
NADOLOL 80 MG TABLET	20653
PROPRANOLOL 10 MG TABLET	20630
PROPRANOLOL 20 MG TABLET	20631
PROPRANOLOL 20 MG/5 ML SOLN	45260
PROPRANOLOL 40 MG TABLET	20632
PROPRANOLOL 40 MG/5 ML SOLN	45261
PROPRANOLOL 60 MG TABLET	20633
PROPRANOLOL 80 MG TABLET	20634
PROPRANOLOL ER 120 MG CAPSULE	3231
PROPRANOLOL ER 160 MG CAPSULE	3232
PROPRANOLOL ER 60 MG CAPSULE	3233
PROPRANOLOL ER 80 MG CAPSULE	3230
QUDEXY XR 100 MG CAPSULE	36233
QUDEXY XR 150 MG CAPSULE	36234
QUDEXY XR 200 MG CAPSULE	36235

<b>Step 7 (history of migraine prophylactic therapy)</b>	
<b>Required claims: 2</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
QUDEXY XR 25 MG CAPSULE	36229
QUDEXY XR 50 MG CAPSULE	36232
TENORMIN 100 MG TABLET	20660
TENORMIN 25 MG TABLET	20662
TENORMIN 50 MG TABLET	20661
TIMOLOL MALEATE 10 MG TABLET	20670
TIMOLOL MALEATE 20 MG TABLET	20671
TIMOLOL MALEATE 5 MG TABLET	20672
TOPAMAX 100 MG TABLET	36551
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 200 MG TABLET	36552
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPIRAMATE 100 MG TABLET	36551
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 200 MG TABLET	36552
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPIRAMATE ER 100 MG CAPSULE	36233
TOPIRAMATE ER 150 MG CAPSULE	36234
TOPIRAMATE ER 200 MG CAPSULE	36235
TOPIRAMATE ER 25 MG CAPSULE	36229
TOPIRAMATE ER 50 MG CAPSULE	36232
TOPROL XL 100 MG TABLET	20742
TOPROL XL 200 MG TABLET	20743
TOPROL XL 25 MG TABLET	12947
TOPROL XL 50 MG TABLET	20741
TROKENDI XR 100 MG CAPSULE	35106
TROKENDI XR 200 MG CAPSULE	35107
TROKENDI XR 25 MG CAPSULE	35103
TROKENDI XR 50 MG CAPSULE	35104
VENLAFAXINE HCL 100 MG TABLET	16815
VENLAFAXINE HCL 25 MG TABLET	16811
VENLAFAXINE HCL 37.5 MG TABLET	16812
VENLAFAXINE HCL 50 MG TABLET	16813

<b>Step 7 (history of migraine prophylactic therapy)</b>	
<b>Required claims: 2</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
VENLAFAXINE HCL 75 MG TABLET	16814
VENLAFAXINE HCL ER 150 MG CAP	16818
VENLAFAXINE HCL ER 150 MG TAB	14353
VENLAFAXINE HCL ER 225 MG TAB	14354
VENLAFAXINE HCL ER 37.5 MG CAP	16816
VENLAFAXINE HCL ER 37.5 MG TAB	14349
VENLAFAXINE HCL ER 75 MG CAP	16817
VENLAFAXINE HCL ER 75 MG TAB	14352

<b>Step 8</b>		
<b>Dosing Guidelines</b>		
<b>Label Name</b>	<b>Recommended Dose</b>	<b>Allowable Quantity</b>
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





## 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"> <li>Initial publication and presentation to the DUR Board</li> </ul>
10/31/2018	<ul style="list-style-type: none"> <li>Updated to include DUR Board recommendations</li> </ul>
02/05/2019	<ul style="list-style-type: none"> <li>Added GCNs for Ajovy and Emgality to 'Drugs Requiring PA'</li> <li>Added dosing guidelines for Ajovy and Emgality to Table 7</li> <li>Updated references</li> </ul>
03/26/2019	<ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search.">TxVendorDrug.com/formulary/formulary-search.</a>) on each 'Drug Requiring PA' table</li> </ul>
07/03/2019	<ul style="list-style-type: none"> <li>Added diagnosis of episodic cluster headache for Emgality (question #6) to criteria logic and logic diagram</li> <li>Updated Table 3</li> <li>Updated Table 8</li> <li>Updated references</li> </ul>
08/29/2019	<ul style="list-style-type: none"> <li>Added GCNs for Emgality to drug table</li> </ul>
10/07/2021	<ul style="list-style-type: none"> <li>Removed specialist requirement from criteria</li> </ul>