

Acute Migraine Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-15-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Elyxyb	celecoxib oral soln	120 MG/4.8ML	M ; N ; O ; Y	N		
Trudhesa	Dihydroergotamine Mesylate HFA Nasal Aerosol	0.725 MG/ACT	M ; N ; O ; Y	N		
Migranal	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	4 MG/ML	M ; N ; O ; Y	O ; Y		
Brekiya	dihydroergotamine mesylate soln auto-inj	1 MG/ML	M ; N ; O ; Y	N		
Reyvow	lasmiditan succinate tab	100 MG ; 50 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Brekiya	dihydroergotamine mesylate soln auto-inj	1 MG/ML	24	Pens	28	DAYS			
Elyxyb	Celecoxib Oral Soln	120 MG/4.8 ML	6	Bottles	30	DAYS			
Migranal	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	4 MG/ML	8	Vials	30	DAYS			
Reyvow	Lasmiditan Succinate Tab 100 MG	100 MG	8	Tablets	30	DAYS			
Reyvow	Lasmiditan Succinate Tab 50 MG	50 MG	8	Tablets	30	DAYS			
Trudhesa	Dihydroergotamine Mesylate HFA Nasal Aerosol	0.725 MG/ACT	12	mLs	28	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Brekiya	dihydroergotamine mesylate soln auto-inj	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Elyxyb	celecoxib oral soln	120 MG/4.8ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Migranal	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	4 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Reyvow	lasmiditan succinate tab	100 MG ; 50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Trudhesa	Dihydroergotamine Mesylate HFA Nasal Aerosol	0.725 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Brekiya	dihydroergotamine mesylate soln auto-inj	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Elyxyb	Celecoxib Oral Soln	120 MG/4.8ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Migranal	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	4 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Reyvow	Lasmiditan Succinate Tab 100 MG	100 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Reyvow	Lasmiditan Succinate Tab 50 MG	50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Trudhesa	Dihydroergotamine Mesylate HFA Nasal Aerosol	0.725 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval									
	<table border="1"> <thead> <tr> <th>Target Agent(s)</th> <th>Prerequisite Agent(s)</th> </tr> </thead> <tbody> <tr> <td>Brekiya (dihydroergotamine mesylate)</td> <td rowspan="5">Any triptan agent or triptan combination</td> </tr> <tr> <td>Elyxyb (celecoxib)</td> </tr> <tr> <td>MIGRANAL (dihydroergotamine mesylate)</td> </tr> <tr> <td>REYVOW (lasmiditan)</td> </tr> <tr> <td>Trudhesa (dihydroergotamine mesylate HFA)</td> </tr> </tbody> </table>	Target Agent(s)	Prerequisite Agent(s)	Brekiya (dihydroergotamine mesylate)	Any triptan agent or triptan combination	Elyxyb (celecoxib)	MIGRANAL (dihydroergotamine mesylate)	REYVOW (lasmiditan)	Trudhesa (dihydroergotamine mesylate HFA)	
Target Agent(s)	Prerequisite Agent(s)									
Brekiya (dihydroergotamine mesylate)	Any triptan agent or triptan combination									
Elyxyb (celecoxib)										
MIGRANAL (dihydroergotamine mesylate)										
REYVOW (lasmiditan)										
Trudhesa (dihydroergotamine mesylate HFA)										

Module	Clinical Criteria for Approval
	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is being used for acute migraine treatment AND ALL of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR B. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR B. The patient has ONE of the following: <ol style="list-style-type: none"> 1. Has tried and had an inadequate response to ONE prerequisite agent OR 2. Has an intolerance or hypersensitivity to ONE prerequisite agent OR C. The patient has an FDA labeled contraindication to ALL prerequisite agent(s) AND 2. ONE of the following: <ol style="list-style-type: none"> 1. The requested agent is NOT REYVOW OR 2. The requested agent is REYVOW AND the patient will NOT be using the requested agent in combination with another acute migraine therapy (i.e., 5HT-1F, acute use CGRP, ergotamine, triptan) AND 3. Medication overuse headache has been ruled out OR B. The patient has another FDA labeled indication for the requested agent and route of administration OR C. The patient has another indication that is supported in compendia for the requested agent and route of administration AND 2. If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 3. The patient does NOT have any FDA labeled contraindications to the requested agent <p>Compendia Allowed: AHFS, or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

Module	Clinical Criteria for Approval
	<p>The requested agent will also be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 2. ALL of the following: <ol style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been approved for the requested agent previously through the Plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND 2. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is being used for acute migraine treatment AND ALL of the following: <ol style="list-style-type: none"> 1. The patient has had clinical benefit with the requested agent AND

Module	Clinical Criteria for Approval
	<p>2. ONE of the following:</p> <ul style="list-style-type: none"> A. The requested agent is NOT REYVOW OR B. The requested agent is REYVOW AND the patient will NOT be using the requested agent in combination with another acute migraine therapy (i.e., 5HT-1F, acute use CGRP, ergotamine, triptan) AND <p>3. Medication overuse headache has been ruled out OR</p> <ul style="list-style-type: none"> B. The patient has a diagnosis other than acute migraine treatment AND has had clinical benefit with the requested agent AND <p>3. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. ALL of the following: <ul style="list-style-type: none"> A. The requested quantity (dose) exceeds the program quantity limit AND B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR 3. ALL of the following: <ul style="list-style-type: none"> A. The requested quantity (dose) exceeds the program quantity limit AND B. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND C. The patient has greater than 4 migraine headaches per month AND ONE of the following: <ol style="list-style-type: none"> 1. The patient is currently being treated with a migraine prophylactic medication (i.e., anticonvulsants [i.e., divalproex, valproate, topiramate], beta blockers [i.e., atenolol, metoprolol, nadolol, propranolol, timolol], tricyclic antidepressants [i.e., amitriptyline, nortriptyline], SNRIs [i.e., venlafaxine, duloxetine], candesartan, prophylactic use CGRP [e.g., Aimovig, AJOVY, Emgality, Nurtec ODT, QULIPTA, Vyepiti], or onabotulinumtoxin A [BOTOX]) OR 2. The patient has an intolerance or hypersensitivity to therapy with migraine prophylactic medication (i.e., anticonvulsants [i.e., divalproex, valproate, topiramate], beta blockers [i.e., atenolol, metoprolol, nadolol, propranolol, timolol], tricyclic antidepressants [i.e., amitriptyline, nortriptyline], SNRIs [i.e., venlafaxine, duloxetine], candesartan, prophylactic use CGRP [e.g., Aimovig, AJOVY, Emgality, Nurtec ODT, QULIPTA, Vyepiti], onabotulinumtoxin A [BOTOX]) OR 3. The patient has an FDA labeled contraindication to ALL migraine prophylactic medications (i.e., anticonvulsants [i.e., divalproex, valproate, topiramate], beta blockers [i.e., atenolol, metoprolol, nadolol, propranolol, timolol], tricyclic antidepressants [i.e., amitriptyline, nortriptyline], SNRIs [i.e., venlafaxine, duloxetine], candesartan, prophylactic use CGRP [e.g., Aimovig, AJOVY, Emgality, Nurtec ODT, QULIPTA, Vyepiti], AND onabotulinumtoxin A [BOTOX]) OR 4. There is support that the patient's migraines are manageable with acute therapy alone AND D. There is support of therapy with a higher dose for the requested indication

Module	Clinical Criteria for Approval
	Length of Approval: 12 months