

Your patient's health plan may require a prior authorization (PA) for approval of migraine medications. The health plan may deny a PA request for a number of reasons, including the most common reasons for migraine medication denials shown below and on the next page. This resource is for informational purposes only. It provides examples of information that may be required when submitting a PA. Provisions of this information do not guarantee approval or reimbursement.

Reasons for denial for **acute** treatment of migraine in adults

Must first try and fail preferred alternative treatments



Key Considerations

- This is the **most common reason** why PA requests are denied for acute treatment of migraine¹
- **Step therapy may be required** before a health plan approves the use of some medications indicated for acute treatment of migraine^{2,3}
- In the PA request, **include a list of names of previous therapies** (including dates of use, dosage, and frequency) and describe reasons for discontinuation (eg, therapeutic failure, contraindication, intolerance/adverse event)
- It may be beneficial to **include additional documentation** supporting the patient's experience with previous treatments

Concomitant use with other CGRP inhibitors



Key Considerations

- **Some plans may deny PAs** for certain medications indicated for acute treatment of migraine for patients concomitantly taking a CGRP inhibitor³
- It may be helpful to **confirm if the patient is currently using or has discontinued use** with another CGRP inhibitor
- If the patient has discontinued use of another CGRP inhibitor, many **plans may require inclusion of documentation** to support the PA request
- **Plans will seek the provider's rationale** for their clinical decision-making process regarding which therapy is most appropriate for each specific patient

Quantity limits



Key Considerations

- Requesting a quantity of tablets **higher than the amount allowed by the health plan** may lead to a PA denial

PA criteria may vary by plan, so be sure to confirm the required information and documentation before submitting a request

Common Reasons for Prior Authorization Denials of Migraine Medications (cont.)

Reasons for denial for **preventive** treatment of migraine in adults

Greater than 15 headache days per month



Key Considerations

- Episodic migraine is defined as headaches occurring on **<15 days a month over the last 3 months**⁴
- **Some plans may require documentation** supporting that the patient has between ≥ 4 and <15 headache days per month⁵

Must first try and fail preferred alternative treatments



Key Considerations

- **Patients may be required to try oral prophylactic agents** (eg, anticonvulsants, antidepressants, beta blockers) before the health plan approves use of certain medications indicated for preventive treatment of migraine⁵
- In the PA request, **include a list of names of previous therapies** (including dates of use, dosage, and frequency) and describe reasons for discontinuation (eg, therapeutic failure, contraindications, intolerance/adverse event)
- It may be beneficial to **include additional documentation** supporting the patient's experience with previous treatments

Concomitant use with other CGRP inhibitors



Key Considerations

- **Some plans may deny PAs** for certain medications indicated for preventive migraine treatment for patients concomitantly taking a CGRP inhibitor⁶
- It may be helpful to **confirm if the patient is currently using or has discontinued use** with another CGRP inhibitor
- If the patient has discontinued use of another CGRP inhibitor, many **plans may require inclusion of documentation** to support the PA request
- **Plans will seek the provider's rationale** for their clinical decision-making process regarding which therapy is most appropriate for each specific patient

CGRP, calcitonin gene-related peptide.

References: 1. Data on File. RIM163 Pfizer Inc. 2. Calcitonin Gene-Related Peptide (CGRP) Antagonist. Molina Healthcare. Updated 10/29/2025. Accessed January 26, 2026. 3. OptumRx. Clinical criteria, step therapy, and quantity limits for TennCare preferred drug list. <https://contenthub-aem.optumrx.com/content/dam/contenthub/onboarding/assets/TennCare/Criteria-PDL.pdf>. Updated January 1, 2026. Accessed January 26, 2026. 4. Goadsby PJ, Evers S. International Classification of Headache Disorders-ICHD-4 alpha. *Cephalalgia*. 2020;40(9):887-888. 5. Medical Mutual. Drug Policy. Updated 09/18/2025. Accessed January 26, 2026. 6. Blue Cross Blue Shield. Federal Employee Program. Prescription Drugs. Updated 07/01/2025. Accessed January 26, 2026.