Mass General Brigham
Health Plan

Calcitonin Gene-Related Peptide (CGRP) Inhibitors
Aimovig (erenumab-aooe)
Ajovy (fremanezumab-vfrm)
Emgality (glacanezumab-gnlm)
Nurtec (galcanezumab-gnlm)
Ubrelvy (ubrogepant)
Qulipta (atogepant)
Vypeti (eptinezumab-jjmr)
Effective 06/30/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	Vyepti is only available through Medical Benefit (MB). All other products are available on the Pharmacy Benefit (PB).		

Overview
Calcitonin gene-related peptide receptor (CGRP) antagonists are indicated as follows:
Ubrelvy and **Nurtec**: acute treatment of migraines
Emgality: episodic cluster headaches
Aimovig, Ajovy, Emgality, Nurtec, Qulipta, and **Vyepti**: prophylactic treatment of migraines in adults

PA required
Aimovig® (erenumab-aooe)
Ajovy® (fremanezumab-vfrm for migraine prophylaxis)[PD]
Emgality® (galcanezumab-gnlm)[PD]
Nurtec® (rimegepant)[PD]
Qulipta® (atogepant)
Ubrelvy® (ubrogepant) [PD]
Vyepti® (eptinezumab-jjmr)^

PD = preferred drug. In general, a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.
^ This agent is available through the medical benefit only

Coverage Guidelines
Authorizations requests will be reviewed on a case-by-case basis for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Migraine Prevention
Aimovig (erenumab-aooe)
Ajovy (fremanezumab-vfrm)
Emgality (galcanezumab-gnlm) 120 mg/mL syringe
ALL of the following:
1. Indication of migraine prevention
2. The member is ≥ 18 years of age
3. Appropriate dose
4. The member has been experiencing ≥ 4 migraine days per month
5. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following*:
    a. atenolol
    b. metoprolol
    c. nadolol
    d. propranolol
    e. timolol
6. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. tricyclic antidepressant
    b. topiramate
    c. valproic acid
    d. venlafaxine

Vyepti (eptinezumab-jjmr) ^
ALL of the following:
1. Indication of migraine prevention
2. The member is ≥ 18 years of age
3. Appropriate dose
4. The member has been experiencing ≥ 4 migraine days per month
5. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following*:
    a. atenolol
    b. metoprolol
    c. nadolol
    d. propranolol
    e. timolol
6. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. tricyclic antidepressant

b. topiramate
c. valproic acid
d. venlafaxine
e. Botox

Notes:
^ This agent is available through the medical benefit only
*If a prescriber specifically documents they wish to avoid a β blocker in a member due to a concurrent diagnosis of depression, this is acceptable rationale to bypass this trial. However, avoidance of a β blocker due to risk of depression in members without a documented diagnosis of depression is not adequate rationale to bypass this trial. *In addition, the following conditions can be accepted as rationale for avoidance of β blockers: asthma (bronchospastic disease), COPD, peripheral vascular disease, Raynaud's, baseline hypotension or bradycardia, and pheochromocytoma.*

Migraine Prevention

Nurtec (rimegepant)

ALL of the following:

1. Indication of migraine prevention
2. The member is ≥ 18 years of age
3. The member has been experiencing ≥ 4 migraine days per month
4. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following*:
    a. Aimovig®
    b. Ajovy®
    c. Emgality®
5. Requested quantity is ≤ 16 ODTs/30 days

Qulipta (atogepant)

ALL of the following:

1. Indication of migraine prevention
2. The member is ≥ 18 years of age
3. The member has been experiencing ≥ 4 migraine days per month
4. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following#:
    a. atenolol
    b. metoprolol
    c. nadolol
    d. propranolol
    e. timolol
5. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. tricyclic antidepressant (TCA)
    b. topiramate
    c. valproic acid
    d. venlafaxine

    e. Botox
6. Physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following*:
    a. Aimovig®
    b. Ajovy®
    c. Emgality®
7. Physician documentation of inadequate response, adverse reaction, or contraindication to Nurtec®
8. If request is for Qulipta, quantity is ≤ 1 tablet/day

Notes:

**Requests for Nurtec® (rimegepant) or Qulipta® (atogepant) may be approved in patients without a trial for Aimovig®, Ajovy® or Emgality® if it is documented that the member is not a candidate for injectable formulations (including documentation of needle-phobia).*
#If a prescriber specifically documents they wish to avoid a β blocker in a member due to a concurrent diagnosis of depression, this is acceptable rationale to bypass this trial. However, avoidance of a β blocker due to risk of depression in members without a documented diagnosis of depression is not adequate rationale to bypass this trial. *In addition, the following conditions can be accepted as rationale for avoidance of β blockers: asthma (bronchospastic disease), COPD, peripheral vascular disease, Raynaud's, baseline hypotension or bradycardia, and pheochromocytoma.*

Cluster Headache

Emgality (galcanezumab-gnlm) 100 mg/mL syringe

ALL of the following:
1. Diagnosis of cluster headaches
2. The member is ≥ 18 years of age
3. Appropriate dose

Acute Treatment of Migraine
Ubrelvy (ubrogepant)
Nurtec (rimegepant)
ALL of the following:
1. Indication of acute treatment of migraine
2. The member is ≥ 18 years of age
3. Physician documented of inadequate response or adverse reaction to **TWO** triptan agents or contraindication to **ALL** oral triptans
4. Requested quantity is ≤ 16 units/30 days

Quantity Limit Exceeded
Nurtec (rimegepant)
Ubrelvy (ubrogepant)
ALL of the following:
1. Individual drug PA criteria must be met first (see above)
2. Headache frequency is provided to determine medical necessity for requested quantity
3. The member is currently on, or not a candidate for, a prophylactic regimen†

†β-blocker, tricyclic antidepressant (TCA), calcium channel blocker (CCB), Depakote, Topamax; claims history should be confirmed to determine that the member is taking prophylaxis on a regular basis (i.e. monthly claims for the most recent three consecutive months)

Continuation of Therapy

For Migraine Prevention: Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

***For Cluster Headache*:** Reauthorization requires physician documentation of member actively having a cluster headache and the member has been initiated on prophylactic therapy for the cluster headache (e.g., verapamil, topiramate, steroids, etc.) or rationale why this is not appropriate.

For Acute Treatment of Migraine:

Within quantity limits: Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

Exceeding quantity limits: Reauthorizations will be reviewed on a case-by-case basis.

Limitations

1. Initial approvals will be granted:
    a. Migraine prevention and cluster headache: 3 months
    b. Acute treatment of migraine: up to 6 months within quantity limits, up to 3 months when exceeding quantity limits
2. Reauthorizations will be granted:
    a. Migraine prevention: 6 months
    b. Cluster headache: 3 months
    c. Acute treatment of migraine: 12 months within quantity limits, 6 months when exceeding quantity limits
3. The following quantity limits apply

Aimovig 70mg/mL	1 pen per 30 days
Aimovig 140mg/mL	1 pen per 30 days
Ajovy 225mg/1.5mL pre-filled syringe and Ajovy 225mg/1.5mL autoinjector	1 pen per 30 days or 3 pens (675mg) every 90 days
Emgality 120 mg/mL pre-filled pen/syringe and Emgality 100 mg/mL pre-filled syringe)	<u>Migraine Prevention</u> 2 pens (240mg) for initial month, then 1 pen per 30 days <u>Cluster headaches</u> Loading dose: 3x100mg (3 consecutive doses) Maintenance dose: 300mg every 4 weeks
Nurtec ODT 75 mg	16 ODTs per 30 days <u>Acute Migraine</u> 75 mg at onset of migraine as needed No more than one dose in 24 hours Migraine Prevention 75 mg taken orally every other day

	Maximum 75 mg per day
Qulipta 10, 30, 60 mg tablet	30 tablets per 30 days
Ubrelvy 50, 100 mg tablet	16 tablets per 30 days
Vyepti 100 mg/mL vial	100 mg to 300 mg intravenously every three months

Appendix

Appendix A: Concomitant Therapy: Oral and Injectable

There is growing data showing efficacy and safety in using injectable CGRP inhibitors for prophylaxis therapy with oral CGRP inhibitors for acute treatment. As such, we will allow concomitant use.

- Mullin K, et al. Acute Treatment Benefit from Oral CGRP Receptor Antagonist and Monoclonal Antibody Combination: Rimegepant 75 mg for Acute Treatment of Attacks During Preventive Therapy With Erenumab. Biohaven Pharmaceuticals presentation. Diamond Headache Clinic Research & Educational Foundation Headache Update. July 25-28, 2019. Lake Buena Vista, FL.
- Mullin K, et al. 2020. Potential for Treatment Benefit of Small Molecule CGRP Receptor Antagonist Plus Monoclonal Antibody in Migraine Therapy. *Neurology.* 2020; 00: 1-5.
- NCT04179474: Safety, Tolerability & Drug Interaction Study of Ubrogepant With Erenumab or Galcanezumab in Participants With Migraine.

Oral and Oral

There is nothing within either the clinical criteria or consensus guidance that would prevent utilization of two oral agents together. Therefore, use of an oral agent for migraine prevention and another oral agent for acute treatment of migraines are permitted.

Appendix B: Concomitant CGRP Inhibitor and Botox® Therapy

There are limited clinical trials evaluating the combination of Botox® with CGRPs; however, from a clinical perspective the different mechanisms of action may provide benefit. There are several retrospective analyses available showing the benefits in headache frequency and severity. There is expert consensus that chronic migraine patients with a partial response from botulinum toxin treatment may achieve further benefits from the addition of a CGRP monoclonal antibody.

If the provider documents a partial, but incomplete, response to a CGRP inhibitor and wishes to add Botox® therapy to supplement, this may be approved for 3 months. Resubmission should document response to therapy and improvement of headache days per month and can be recertified for up to 6 months.

References

1. Aimovig (erenumab-aooe) [prescribing information]. Thousand Oaks, CA: Amgen Inc; March 2019
2. Ajovy (fremanezumab-vfrm) [prescribing information]. North Wales, PA: Teva Pharmaceuticals; September 2018
3. Emgality (galcanezumab-gnlm) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; June 2019
4. Tepper SJ. History and review of anti-calcitonin gene-related peptide (CGRP) therapies: from translational research to treatment. Headache. 2018;58(suppl 3):238-275. doi: 10.1111/head.13379
5. Botox (OnabotulinumtoxinA) [prescribing information]. Irvine, CA: Allergan; May 201Iclusig (ponatinib) [prescribing information]. Cambridge, MA: Ariad Pharmaceuticals Inc; October 2018
6. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society Guideline Developer(s): 2000 Sep (revised 2012 Apr 24)

7. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia 2018; 38:1
8. Koppen H, Stolwijk J, Wilms EB, et al. Cardiac monitoring of high-dose verapamil in cluster headache: An international Delphi study. Cephalalgia 2016; 36:1385
9. Cittadini E, May A, Straube A, et al. Effectiveness of intranasal zolmitriptan in acute cluster headache: a randomized, placebo-controlled, double-blind crossover study. Arch Neurol 2006; 63:1537
10. Ekbom K, Monstad I, Prusinski A, et al. Subcutaneous sumatriptan in the acute treatment of cluster headache: a dose comparison study. The Sumatriptan Cluster Headache Study Group. Acta Neurol Scand 1993; 88:63
11. Magnoux E, Zlotnik G. Outpatient intravenous dihydroergotamine for refractory cluster headache. Headache 2004; 44:249
12. Matharu M. Cluster headache. BMJ Clin Evid 2010; 2010
13. Ekbom K, Hardebo JE. Cluster headache: aetiology, diagnosis and management. Drugs 2002; 62:61.
14. Dodick DW, Capobianco DJ. Treatment and management of cluster headache. Curr Pain Headache Rep 2001; 5:83
15. Neurol Sci. 2017 May;38(Suppl 1):45-50. doi: 10.1007/s10072-017-2924-7.
16. Cluster headache: present and future therapy: PubMed
17. Dtsch Med Wochenschr. 2017 Mar;142(6):418-426. doi: 10.1055/s-0042-121336. Epub 2017 Mar 22.[Headache Treatment].:PubMed

Review History

04/17/2019 – Reviewed
07/01/2019 – Implemented
09/18/2019 - Added cluster headaches indication to Emgality
07/22/2020 – added new formulation of Ajovy autoinjector to criteria. Effective 8/1/20.
10/06/2020 – Updated; Match Masshealth partial unified formulary requirements for implementation on 1/1/21
03/17/2021 – Reviewed and Updated; Notes were updated with acceptable diagnoses for bypassing the beta blocker for migraine prophylaxis for Ajovy, Aimovig, Emgality, and Vyepti per MH UPPL. Effective 06/01/2021.
05/18/2022 – Reviewed and Updated for May P&T; Added Appendix for Concomitant CGRP Inhibitor and Botox Therapy. Removed the following criteria from migraine prophylaxis: The member has not been treated with Botox for migraines within the past 4 months**,** member is not currently using any other CGRP or Botox for the treatment of migraines, preferred agent as Ajovy. Matched MH UPPL. Added Nurtec, Qulipta, Ubrelvy. Updated Overview section. Added migraine prophylaxis criteria for Vyepti, Nurtec, Qulipta. Added acute migraine treatment criteria for Ubrelvy and Nurtec. Removed criteria requiring specialist/neurologist consult from Emgality 100 mg/mL. Updated continuation section and duration of initial approvals/reauths based on indication. Added QLs for Nurtec (15/30), Qulipta (30/30), Ubrelvy (16/30). Matched MH UPPL. Effective 6/1/2022.
11/16/2022 – Reviewed and updated for Nov P&T; matched MH UPPL. Effective 11/1/22. Nurtec was designated as a preferred drug for migraine prevention and acute treatment of migraines. Migraine prevention criteria for Nurtec was updated to remove required steps through beta blockers and other migraine prevention therapies with mixed MOA (including topiramate, Botox, TCAs, valproic acid, and venlafaxine). Nurtec will become a required step through prior to approval of Qulipta for migraine prevention. Nurtec quantity limits changed from 15 units per month to 16 units per month.
Effective 2/1/23. Ubrelvy is designated as a preferred drug for acute treatment of migraines.
06/14/23 – Reviewed and updated for P&T. Removed preferred product criteria from Vyepti. (Not required to align MB criteria). Effective 6/30/23.