DRUG DETERMINATION POLICY

Title: DDP-47 CGRP Antagonists

Effective Date: 6/28/23

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

CGRP (calcitonin gene-related peptide) antagonists (Nurtec, Ubrelvy, Aimovig, Ajovy, Emgality and Vyepti) are agents used to treat and prevent migraine. These criteria were developed and implemented to ensure appropriate use for the intended severity of the condition and use of conventional treatment prior these agents.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. Abortive treatment of migraines [must meet all listed below]:

   A. Age: at least 18 years.

   B. Diagnosis and severity [must meet one listed below]:

      1. Diagnosis: migraine headache.

   C. Other therapies: contraindication, inadequate response, or significant adverse effects to two abortive agents as listed below:

      1. Abortive: generic triptans (e.g., almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan).

   D. Dosage regimen and quantity limits.

      1. Nurtec (rimegepant):

a. Dosage: 75mg as a single dose (maximum dose 75mg per 24 hours).

b. Quantity limit: Eight tablets (smallest package size available for dose) per month.

2. Ubrelvy (ubrogepant)

a. Dosage: 50 to 100mg as a single dose; if symptoms persist or return, may repeat after at least two hours. Maximum dose 200mg per 24 hours

b. Quantity limits: Ten tablets (smallest package size available for dose) per month

E. Approval.

1. Initial approval: six months.

2. Re-approval: one year; must document decrease in severity and duration of migraines.

II. Prevention of migraines [must meet all listed below]:

A. Age: at least 18 years.

B. Diagnosis and severity [must meet one listed below]:

1. Episodic migraine: at least four migraines per month.

2. Chronic migraine: at least 15 migraine days per month.

3. Cluster headache: at least one attack every other day up to eight attacks per day (only for Emgality).

C. Subcutaneous and oral agent other therapies: contraindication, inadequate response after four months or significant adverse effects to two preventive categories listed below:

1. Beta blocker (e.g., propranolol)

2. Anticonvulsant (e.g., valproic acid derivative, topiramate).

3. Antidepressant (e.g., amitriptyline, venlafaxine).

D. Intravenous agent other therapies: contraindication, inadequate response after four months or significant adverse effects to two preventive categories plus one subcutaneous CGRP listed below:

1. Beta blocker (e.g., propranolol).

2. Anticonvulsant (e.g., valproic acid derivative, topiramate).

3. Antidepressant (e.g., amitriptyline, venlafaxine).

3. Subcutaneous CGRP (e.g., Aimovig, Ajovy, Emgality).

E. Dosage regimen.

1. Aimovig subcutaneous (erenumab SQ): 70mg per month; may increase to 140mg if inadequate response.

2. Ajovy subcutaneous (fremanezumab SQ): 225mg per month or 675mg every three months.

3. Emgality subcutaneous (galcanezumab SQ):

   a. Migraine: 240mg single loading dose, then 120mg per month.

   b. Cluster headache: 300mg at onset of cluster period and once monthly until end of the cluster period.

4. Nurtec oral (rimegepant): 75mg every other day.

5. Qulipta (atogepant): 10, 30 or 60mg once daily; maximum 60mg/day

6. Vyepti intravenous (eptinezumab IV):

   a. Covered dosage: 100mg every three months

   b. A dose of 300mg may also be used if inadequate response after three 100mg doses. No evidence is established for any other dosages.

   c. Subject to the site of care initiative (see DDP-08 Site of Care for the Administration of Parenteral Agents)

F. Approval.

1. Initial approval: six months.

2. Re-approval: one year; must document decrease in frequency and duration of migraines.

3. Re-approval: Vyepti only

   a. 100mg dose: one year; Outcome: must demonstrate reduction in either number of migraines per month or 50 percent reduction in cluster headaches per week.

   b. 300mg dose: six months; must show reduction of migraines per month compared to the 100mg dose

4.0 Coding:

COVERED CODES				
Code	**Brand**	**Generic**	**Billing Units (1 unit)**	**Prior Approval**
J3032	Vyepti	eptinezumab-JJMR	1 mg	Y

5.0 Appendices:

See page 5.

6.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; Nurtec, Aimovig, Ajovy, Emgality, Ubrelvy, Qulipta accessed Novemeber 2022.
2. UpToDate: Preventive treatment of migraines in adults accessed September 2020, https://www.uptodate.com/contents/preventive-treatment-of-migraine-in-adults?search=cgrp%20antagonist&source=search_result&selectedTitle=2~12&usage_type=default&display_rank=1.
3. UpToDate: Acute treatment of migraine in adults assessed September 2020, https://www.uptodate.com/contents/acute-treatment-of-migraine-in-adults?search=cgrp%20antagonist&source=search_result&selectedTitle=3~12&usage_type=default&display_rank=2.
4. UpToDate: Chronic migraine assessed September 2020, https://www.uptodate.com/contents/chronic-migraine?search=cgrp%20antagonist&source=search_result&selectedTitle=4~12&usage_type=default&display_rank=3.
5. Population pharmacokinetic and exposure-response analysis of eptinezumab in the treatment of episodic and chronic migraine. Pharmacology Research and Perspective 2020;8(2):e0056
6. Board of Directors of the American Headache Society. The American Headache Society consensus statement: update on integrating new migraine treatments into clinical practice. Headache. 2021;61(7):1021-1039. doi:10.1111/head.14153[PubMed 34160823]
7. Multispecialty consensus on diagnosis and treatment of headache. Neurology 2000; 54:1553.
8. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2000; 55:754.

7.0 Revision History:

Original Effective Date: 11/30/2020

Next Review Date: 05/25/2022

Revision Date	Reason for Revision
1/21	Off-cycle review, excluded Ubrevly, removed abortive other therapies from 3.0.II, added Nurtec to purpose
5/21	Annual review; no changes
7/21	Off cycle review; added dosage and quantity limit for Nurtec
10/21	Off cycle review; added Vyepti
04/22	Annual review, open for P & T Workgroup in May and P and T in June ; lettering; exclude 300mg dose, add reference
11/22	Ad hoc; removed # of migraines per moth for preventative therapy; added Ubrelvy to abortive and Qulipta to preventative agents and to Appendix
1/23	Off cycle edit; changed other therapies for abortive agents to 2 abortive agents, added SOC policy for Vyepti, changed Vyepti 100mg times three doses vs. three months for requirement for increase dose to 300mg, added Vyepti table under coding
4/23	Annual review, added frequency to Preventive section (previously intended to remove frequency from abortive section, but was removed from both in error), added References

Appendix I - Monitoring and patient safety

Drug	Adverse Reactions	Monitoring	REMS
Nurtec (Rimegepant) Ubrelvy (ubrogepant)	• Central Nervous System: drowsiness (Ubrevly: 2-3%) • Gastrointestinal: nausea (2%-4%), Xerostomia (2%)	• NA	None needed
Aimovig SQ (erenumab) Ajovy SQ (fremanezumab) Emgality SQ (galcanezumab)	• Gastrointestinal: constipation (Aimojig: 3%) • Immunologic antibody development (3-6%) • Local: injection site reaction (Aimovig: 5-6%; Ajovy: 43-45%) • Neuromuscular and Skeletal: muscle cramps /spasms (2%)	• Cardiovascular: blood pressure • Central Nervous System: number of monthly migraine days	None needed
Qulipta (atogepant)	• Endocrine & metabolic: Weight loss (4- 5%) • Gastrointestinal: Constipation (6%), decreased appetite (1-2%) • Nervous system: Drowsiness (≤6%), fatigue (≤6%)	• Kidney and liver baselines and when clinically indicated	None needed
Vyepti IV (eptinezumab)	• Immunological: antibody development (18-21%, neutralizing (35-41%)	• NA	None needed