DRUG DETERMINATION POLICY

Title: DDP-47 CGRP Antagonists

Effective Date: December 14, 2022

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 one abortive and one preventive agent as listed below:

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

      2. Preventive:

         a. Beta blocker, (e.g. Propranolol)
         b. Anticonvulsant (e.g. valproic acid derivative, topiramate),

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

C. 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 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 of 50 or 100mg per month

D. Approval.

1. Initial approval: six months.

3. 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

2. Chronic migraine:

3. Cluster headache:

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 or significant adverse effects to two preventive categories plus one subcutaneous CGRP listed below:

1. Beta blocker.

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

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

4. Subcutaneous CGRP: 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

5. Vyepti intravenous (eptinezumab IV):

    a. Coved dosage: 100mg every three months

    b. A dose of 300mg may also be used after 3 months of 100mg dose. No evidence is established for any other dosages.

F. Approval.

1. Initial approval: six months.

2. Re-approval: one year

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:

None.

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

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 !

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