University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-47 CGRP Antagonists

Effective Date: 6/26/24

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan. 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 the following:

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 UM Health Plan 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 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 to these agents.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. General considerations.

- A. Pharmaceutical sample use: The Plan does not recognize samples as a medication trial or for continuation of therapy.
- B. Excluded agents: A trial of all preferred formulary agents is required unless all are contraindicated. Trials must result in an inadequate response after four consecutive months of use per medication or a severe adverse reaction.
    1. Aimovig (Erenumab)
    2. Zavzpret (zavegepant)
- C. Exclusions. Due to the lack of sufficient safety and efficacy data, the following combinations are excluded:
    1. Multiple CGRP Monoclonal Antibodies
    2. Multiple gepants
    3. Multiple CGRP agents for abortive treatment of migraines

4. Multiple CGRP agents for the prevention of migraines

II. 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: Trials of two abortive agents below are required unless all are contraindicated. Trials must result in an inadequate response or severe adverse reaction.

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

D. Dosage regimen and quantity limits.

1. Nurtec (rimegepant):

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

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

2. Ubrelvy (ubrogepant)

a. Dosage: 50 to 100 mg as a single dose; if symptoms persist or return, may repeat after at least two hours. Maximum dose 200 mg 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 a decrease in severity and duration of migraines.

III. 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 migraine days per month.

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

C. Subcutaneous and oral agent other therapies: Trials of two drugs for the prevention of migraine from different drug categories below are required unless all are contraindicated. Trials must result in an inadequate response after four consecutive months of use per medication or a severe adverse reaction.

1. Antihypertensive: atenolol, nadolol, metoprolol, propranolol, verapamil.

2. Anticonvulsant: valproic acid derivative, topiramate, zonisamide.

3. Antidepressant: amitriptyline, venlafaxine.

D. Intravenous agent other therapies: Trials of one subcutaneous CGRP and one drug for the prevention of migraine from two additional drug categories below are required unless all are contraindicated. Trials must result in an inadequate response after four consecutive months of use per medication or a severe adverse reaction.

1. Antihypertensive: atenolol, nadolol, metoprolol, propranolol, verapamil.

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

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

4. Subcutaneous CGRP (e.g., Ajovy, Emgality).

E. Dosage regimen.
    1. Ajovy subcutaneous (fremanezumab SQ): 225 mg per month or 675 mg every three months.
    2. Emgality subcutaneous (galcanezumab SQ): 240 mg single loading dose, then 120 mg per month.
    3. Nurtec oral (rimegepant): 75 mg every other day.
    4. Qulipta oral (atogepant): 10, 30 or 60 mg once daily; maximum 60 mg/day.
    5. Vyepti intravenous (eptinezumab IV):
        a. Covered dosage: 100 mg every three months.
        b. A dose of 300 mg may also be used if there is an inadequate response after three 100 mg 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 meet both listed below]:
        a. Decrease in frequency and duration of migraines.
        b. Adherence [must meet one listed below]
            i. Medications processed under the pharmacy benefit: consistent (at least 80% of days covered) fill history electronically or verbally from the pharmacy.
            ii. Medications processed under the medical benefit: consistent utilization (at least 80% of days covered) based on medical claims history or chart notes.
    3. Re-approval: Vyepti only
        a. 100 mg dose: one year: Outcome: must demonstrate a reduction in the number of migraine days per month.
        b. 300 mg dose: six months; must show a reduction of migraine days per month compared to the 100mg dose.

IV. Prevention of cluster headaches [must meet all listed below]:

A. Age: at least 18 years.

B. Diagnosis and severity: at least one attack every other day, up to eight attacks per day

C. Other therapies:
    1. A trial of combination therapy with a glucocorticoid and verapamil is required unless contraindicated. Trial must result in an inadequate response after three consecutive weeks of verapamil use or a severe adverse reaction.
        a. Glucocorticoid: short course with appropriate taper.
        b. Verapamil: at least 240 mg daily.

D. Dosage regimen.
    1. Emgality subcutaneous (galcanezumab SQ): 300 mg at the onset of the cluster period and then once monthly until the end of the cluster period.

E. Approval.
    1. Initial approval: six months.

2. Re-approval: one year; must document a 50% reduction in cluster headaches per week.

4.0 Coding:

COVERED CODES – MEDICAL BENEFIT				
Code	**Brand Name**	**Generic Name**	**Billing Units (1 Unit)**	**Prior Approval**
J3032	Vyepti	eptinezumab-JJMR	1 mg	Y

COVERED PRODUCTS – PHARMACY BENEFIT		
Brand Name	**Generic Name**	**Prior Approval**
Ajovy	fremanezumab	Y
Emgality	galcanezumab	Y
Nurtec	rimegepant	Y
Qulipta	atogepant	Y
Ubrelvy	ubrogepant	Y

EXCLUDED CODES			
Code	**Brand Name**	**Generic Name**	**Benefit Plan Reference/Reason**
J3031	Ajovy	fremanezumab	Covered on the pharmacy benefit with prior approval

EXCLUDED PRODUCTS		
Brand Name	**Generic Name**	**Benefit Plan Reference/Reason**
Aimovig	erenumab	Not a Preferred Agent
Zavzpret	zavegepant	Not a Preferred Agent

5.0 Appendices:

None.

6.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; Nurtec, Aimovig, Ajovy, Emgality, Ubrelvy, Qulipta accessed Apri 2024.
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.
9. Bussone G, Leone M, Peccarisi C, et al. Double blind comparison of lithium and verapamil in cluster headache prophylaxis. Headache. 1990;30(7):411-417. doi:10.1111/j.1526-4610.1990.hed3007411.x
10. Gabai IJ, Spierings EL. Prophylactic treatment of cluster headache with verapamil. Headache. 1989;29(3):167-168. doi:10.1111/j.1526-4610.1989.hed2903167.x
11. May A, Leone M, Afra J, et al. EFNS guidelines on the treatment of cluster headache and other trigeminal-autonomic cephalalgias. Eur J Neurol. 2006;13(10):1066-1077. doi:10.1111/j.1468-1331.2006.01566.x

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
11/23	Off cycle review; atenolol, nadolol, metoprolol, zonisamide added to preventive agents, updated other therapies language. Removed Aimovig from covered agents part of criteria. Created cluster headache section. Changed migraines per month to migraine days per month. Added cluster headaches reference. Zavzpret and Aimovig listed as an excluded agents. Updated formatting.
4/24	Annual review; Deleterd Appendix I Monitoring and Patient Safety, added excluded concomitant therapy and multiple CGRPs to general considerations