New Hampshire Medicaid Fee-for-Service Program

Calcitonin Gene-Related Peptide (CGRP) Inhibitor Criteria – Migraine and Cluster Headache

Approval Date: June 29, 2023

Medications

Brand Names	Generic Names	Dosage
Aimovig®	erenumab-aooe	70 mg/mL solution single-dose prefilled auto-injector; 140 mg/mL prefilled autoinjector
Ajovy®	fremanezumab-vfrm	225 mg/1.5 mL solution single-dose prefilled syringe; 225 mg/1.5 mL autoinjector
Emgality®	galcanezumab-gnlm	120 mg/mL solution single-dose prefilled syringe or prefilled pen; 100 mg/mL solution single-dose prefilled syringe
Nurtec™ ODT	rimegepant	75 mg orally disintegrating tablet
Qulipta™	atogepant	10 mg, 30 mg, 60 mg tablets
Ubrelvy®	ubrogepant	50 mg, 100 mg tablets
Vyepti™	eptinezumab-jjmr	Intravenous (IV) solution: 100 mg/mL

Indication

- **Aimovig® (erenumab-aooe)**: preventative treatment of migraine in adults.
- **Ajovy® (fremanezumab-vfrm):** preventative treatment of migraine in adults.
- **Emgality® (galcanezumab-gnlm)**: preventative treatment of migraine and episodic cluster headaches in adults.
- **Nurtec® ODT (rimegepant):** acute treatment of migraine with or without aura in adults and preventative treatment of episodic migraine in adults.
- **Qulipta™ (atogepant):** preventative treatment of episodic migraine and chronic migraine in adults.
- **Ubrelvy® (ubrogepant)**: acute treatment of migraine with or without aura in adults.
- **Vyepti® (eptinezumab-jjmr)**: preventative treatment of migraine in adults.

Migraine Headache Prevention Request

Criteria for Approval

1. Patient has a diagnosis of migraine with or without aura based on International Classification of Headache Disorders (ICHD-III) diagnostic criteria; **AND**
2. Medication overuse headache has been ruled out by trial and failure of titrating off acute migraine treatments in the past; **AND**
3. Patient has had at least 4 migraine days per month for at least three months; **AND**
4. Patient has tried and failed at least a one-month trial of, or has a contraindication to, any one of the following oral medications:
    a. Antidepressants (e.g., amitriptyline, venlafaxine)
    b. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
    c. Anti-epileptics (e.g., valproate, topiramate)
    d. Angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan).

Initial approval period: 6 months

Quantity Limit:

- **Aimovig®** (erenumab-aooe): 140 mg (auto-injector) per 30 days
- **Ajovy®** (fremanezumab-vfrm): 675 mg (three prefilled syringes) per 90 days
- **Emgality®** (galcanezumab-gnlm): 240 mg (two prefilled pens or syringes) for first 30 days; 120 mg (one prefilled pen or syringe) per 30 days thereafter
- **Nurtec® ODT** (rimegepant): 15 tablets per 30 days
- **Qulipta™** (atogepant): 30 tablets per 30 days
- **Vyepti®** (eptinezumab-jjmr): 100 mg intravenous (IV) infusion per 3 months

Criteria for Renewal

1. Patient demonstrated significant decrease in the number, frequency, and/or intensity of headaches; **AND**
2. Patient has an overall improvement in function with therapy; **AND**
3. Absence of unacceptable toxicity (e.g., intolerable injection site pain, development or worsening of hypertension).

Renewal approval period: 12 months

Criteria for Denial

Failure to meet criteria for approval.

Cluster Headache Prevention Requests: (Emgality® [galcanezumab-gnlm] Only)

Criteria for Approval

1. The **CGRP inhibitor** is being requested by or in consultation with a specialist (including neurologist or pain specialist); **AND**
2. Patient has a diagnosis of episodic cluster headache based on ICHD-III diagnostic criteria; **AND**
3. Other ICHD-III headaches have been ruled out; **AND**
4. Patient has tried and failed at least a one-month trial of, or has a contraindication to, any two of the following medications:
    a. suboccipital steroid injections
    b. lithium
    c. verapamil
    d. warfarin
    e. melatonin.

Initial approval period: 6 months

Quantity Limit: Emgality® (galcanezumab-gnlm): 300 mg (three prefilled 100 mg/1 mL pens or syringes) per 30 days

Criteria for Renewal

May be requested by PCP.

1. Patient demonstrated significant decrease in the number, frequency, and/or intensity of headaches; **AND**
2. Patient has an overall improvement in function with therapy; **AND**
3. Absence of unacceptable toxicity (e.g., intolerable injection site pain).

Renewal approval period: 12 months

Criteria for Denial

Failure to meet criteria for approval.

Migraine Headache Treatment Requests: (Nurtec™ ODT [rimegepant] and Ubrelvy® [ubrogepant] Only)

Criteria for Approval

1. Patient has a diagnosis of migraine with or without aura based on International Classification of Headache Disorders (ICHD-III) diagnostic criteria; **AND**
2. Patient must have fewer than 15 headache days per month during the prior 6 months; **AND**
3. Patient has tried and failed ≥ 1 of the following: NSAID (non-steroidal anti-inflammatory drug), non-opioid analgesic, acetaminophen, or caffeinated analgesic combination; **AND**
4. Patient has tried and failed or has a contraindication to ≥ 1 preferred triptan.

Initial approval period: 6 months

Quantity Limit:

Nurtec® ODT: 15 tabs/30 days

Ubrelvy®: 16 tabs/30 days

Criteria for Renewal

1. Patient has an overall improvement in resolution in headache pain or reduction in headache severity as assess by prescriber; **AND**
2. Absence of unacceptable toxicity (e.g., nausea, somnolence, dry mouth).

Renewal approval period: 12 months

Criteria for Denial

Failure to meet criteria for approval.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	03/12/2019
Commissioner Designee	New	04/05/2019
DUR Board	Review	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Review	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Review	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Review	06/08/2021
Commissioner Designee	Approval	08/13/2021
DUR Board	Review	12/02/2021
Commissioner Designee	Approval	01/14/2022
DUR Board	Review	06/19/2023
Commissioner Designee	Approval	06/29/2023