Health Alliance™

Pharmacy Drug Policy & Procedure

Policy Name:	Prophylactic Calcitonin Gene-Related Peptide (CGRP) Inhibitor Therapies	Policy #:	2643P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Aimovig, Ajovy, Emgality, Nurtec Qulipta, and Vyepti.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Aimovig, Ajovy, Emgality, Nurtec, or Qulipta under the pharmacy benefit or Vyepti under the medical benefit when the following criteria has been met.

Criteria

1. Coverage Criteria for Migraine Prophylaxis

1.1 Diagnosis of chronic migraine

1.2 Age 18 years or older

1.3 Physician attestation or documented trial and failure, intolerance or contraindication to at least TWO supported migraine preventative therapies (such as topiramate, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, nortriptyline, duloxetine, venlafaxine, divalproex or valproic acid)

- Step through prophylactic therapies can be bypassed if provider indicates CGRP therapy first-line is warranted

1.4 Coverage of Emgality 120mg requires trial and failure of Aimovig AND Ajovy.

2. Emgality Coverage Criteria for Treatment of Episodic Cluster Headache

2.1 Diagnosis of cluster headache, meeting all of the following criteria:

- At least two previous cluster headache attacks occurring in periods lasting from 7 days to one year, separated by pain-free periods lasting at least 3 months
- Occurring with a frequency between one every other day and 8 per day
- Other diagnoses have been ruled out
- Symptoms including:
  - Severe unilateral orbital, supraorbital, or temporal pain lasting 15 to 180 minutes, and
  - At least one of the following: conjunctival injection and/or lacrimation; nasal congestion or rhinorrhea; eyelid edema; forehead and facial swelling; meiosis and/or ptosis; restlessness or agitation.

2.2 Ordered by or in consultation with a neurologist (nervous system doctor), pain specialist, or physician who specializes in the treatment of cluster headache management.

3. Coverage Criteria for Concurrent Use of a Prophylactic C-GRP and Botulinum toxin

3.1 Documentation showing that the member has had at least a 6 month trial of botulinum toxin without adequate improvement in migraine, OR

3.2 Documentation showing that the member has had at least a 3 month trial of Aimovig, Ajovy, Emgality, Nurtec, Qulipta, or Vyepti as prophylactic treatment without adequate improvement in migraine
- Coverage of Emgality 120mg requires trial and failure of Aimovig AND Ajovy.

4. Managed Dose Limit

4.1 Aimovig: Maximum of one 70mg dose or one 140mg dose each month.

4.2 Ajovy: Maximum of one 225mg dose per month or 675mg every 3 months administered as three consecutive injections of 225mg each.

4.3 Emgality for Migraine: 240mg loading dose (administered as two consecutive injections of 120mg each), followed by monthly doses of 120mg.

4.4 Emgality for Cluster Headache: 300mg (administered as three consecutive injections of 100mg each) at the onset of the cluster period, and then monthly until the end of the cluster period.

4.5 Nurtec: Maximum of 75mg every other day for a maximum of 16 tablets per 30 days

4.6 Qulipta: Maximum of 60mg daily (30 tablets per 30 days)

5. Exclusion Criteria

5.1 Not used in combination with another calcitonin gene-related peptide (CGRP) inhibitor (injectable or oral)

6. Approval Period

6.1 Initial Approval: 12 months

6.2 Reapproval: 12 months with documentation that patient has experienced a positive response to therapy • Reduction in headache frequency and/or intensity
- Use of acute migraine medications (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), triptans) has decreased since the start of CGRP therapy
- Documentation that patient continues to be monitored for medication overuse headache

6.3 Cluster Headache: 12 months
- Reapproval will require documentation of a new cluster headache episode.

CPT Codes	

HCPCS Codes	
J3032	Injection, eptinezumab-jjmr, 1mg

References

1. Robbins MS, Starling AJ, et al. Treatment of Cluster Headache: The American Headache Society Evidence-Based Guidelines. Headache. 2016 Jul; 56(7): 1093-106.
2. Silberstein S, Holland S, Freitag F, et al; American Academy of Neurology; American Headache Society, 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. Neurology April 24, 2012 vol.78 no. 17 1337-1345.
3. The International Classification of Headache Disorders, 3rd Edition. 2019. Retrieved June 27, 2019, from https://ichd-3.org/
4. American Headache Society. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. Headache. 2019 Apr;59 (4):650-651.
5. Charles AC, Digre KB, Goadsby PJ, et al; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024 Apr;64(4):333-341.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.