New Hampshire Medicaid Fee-for-Service Program

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

Approval Date: January 22, 2024

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
Zavzpret™	zavegepant	10 mg nasal spray

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.
- **Zavzpret™ (zavegepant):** acute treatment of migraine with or without aura 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

Non-Preferred drugs on the preferred drug list (PDL) require additional PA.

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], Ubrelvy® [ubrogepant], and Zavzpret™ [zavegepant] 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

Zavzpret™: 8 sprays/30 days

Non-Preferred drugs on the preferred drug list (PDL) require additional PA.

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
DUR Board	Review	12/08/2023
Commissioner Designee	Approval	01/22/2024