

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Calcitonin Gene-Related Peptide (CGRP) Inhibitors PDL Edit
<b>First Implementation Date:</b>	July 11, 2019
<b>Revised Date:</b>	December 17, 2020
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state specific preferred drug list.

**Why Issue Selected:** Migraine headache is a chronic, debilitating condition that tends to afflict young, productive, and otherwise healthy people. Patients with frequent or severe migraine headaches who are refractory to acute treatments should receive preventative therapy. Calcitonin Gene-Related Peptide (CGRP) mediates trigeminovascular pain from intracranial vessels to the central nervous system. Stimulation of the trigeminal ganglion induces the release of CGRP, and CGRP infusion can trigger a migraine attack. CGRP inhibitors bind to the CGRP receptor and antagonize CGRP receptor function.

Total program savings for the PDL classes will be regularly reviewed.

<b>Program-Specific Information:</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
	<ul style="list-style-type: none"> <li>• <b>Ajovy<sup>®</sup></b></li> <li>• Emgality<sup>®</sup> 120mg/mL</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Aimovig<sup>®</sup></b></li> <li>• Emgality<sup>®</sup> 100mg/mL</li> <li>• <b>Vyepti<sup>™</sup></b></li> </ul>

<b>Type of Criteria:</b>	<input type="checkbox"/> Increased risk of ADE <input checked="" type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Preferred Drug List <input type="checkbox"/> Clinical Edit
<b>Data Sources:</b>	<input type="checkbox"/> Only Administrative Databases	<input checked="" type="checkbox"/> Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Calcitonin Gene-Related Peptide (CGRP) Inhibitors
- Age range: All appropriate MO Healthnet Participants 18 years of age or older

## Approval Criteria

- Participant aged 18 years or older
- For diagnosis of chronic or episodic migraine:
  - Aimovig, Ajovy, Emgality 120mg/ml, and **Vyepti** only

- For first fill only:
  - ≥ 4 migraines per month AND
  - Therapeutic trial (60/90 days) with 2 prophylactic options from 2 different categories including:
    - Anticonvulsants – divalproex, valproate, topiramate
    - Antidepressants – amitriptyline, venlafaxine
    - Beta blockers – atenolol, metoprolol, nadolol, propranolol, timolol
  - Authorization is for 3 months only
- For renewal following first 3 months of therapy only: reduction in migraines by 2 or more per month from baseline
- ~~For Ajovy only: Efficacy and tolerability of monthly dose established prior to use of quarterly dose~~
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
- Documented ADE/ADR to preferred agents
- For diagnosis of episodic cluster headache
  - Emgality 100mg/ml only
  - Therapeutic trial of verapamil AND topiramate (60/90 days for each) required on first fill only

## Denial Criteria

- For diagnosis of chronic or episodic migraine on the first fill only: therapy with Botox in the past 90 days
- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- **Claim exceeds maximum dosing limitations on the following:**

Drug Description	Generic Equivalent	Maximum Dosing Limitations
AIMOVIG SURECLICK 70 MG/ML AUTOINJECTOR	ERENUMAB	1 autoinjector per 20 days
AIMOVIG SURECLICK 140 MG/ML AUTOINJECTOR	ERENUMAB	1 autoinjector per 20 days
AJOVY 225 MG/1.5 ML AUTOINJECTOR	FREMANEZUMAB	3 autoinjectors per 76 days
AJOVY 225 MG/1.5 ML SYRINGE	FREMANEZUMAB	3 syringes per 76 days
EMGALITY 100 MG/ML SYRINGE	GALCANEZUMAB	3 syringes per 20 days
VYEPTI 100 MG/ML VIAL	EPTINEZUMAB-JJMR	3 vials per 76 days

## Required Documentation

Laboratory Results:       Progress Notes:

MedWatch Form:       Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
 Rule Type: PDL

## Default Approval Period

3 months

## References

1. IPD Analytics Executive Edge Pain: Migraine 2019
2. Evidence-Based Medicine and Fiscal Analysis: “Calcitonin Gene-Related Peptide Receptor Blockers – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2020.
3. Evidence-Based Medicine Analysis: “Calcitonin Gene-Related Peptide (CGRP) Inhibitors”, UMKC-DIC; September 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
5. USPDI, Micromedex; 2020.
6. Drug Facts and Comparisons On-line; 2020.

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### *SmartPA PDL Proposal Form*

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