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.

Program-Specific Information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ajovy®</td>
<td>• Aimovig®</td>
</tr>
<tr>
<td>• Emgality® 120 mg/mL</td>
<td>• Emgality® 100 mg/mL</td>
</tr>
<tr>
<td></td>
<td>• Vyepti®</td>
</tr>
</tbody>
</table>

Type of Criteria: ☒ Preferred Drug List

Data Sources: ☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Calcitonin Gene-Related Peptide (CGRP) Inhibitors
- Age range: All appropriate MO Healthnet participants

Approval Criteria

- **Participant aged 18 years or older AND**
- For Aimovig, Ajovy, Emgality 120 mg/mL, or Vyepti
  - Documented diagnosis of chronic or episodic migraine **AND**
o Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  • Documented trial period of preferred agents OR
  • Documented ADE/ADR to preferred agents
o For first fill only:
  • History of ≥ 4 migraines per month AND
  • Adequate therapeutic trial of 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 6 months only
o For renewal following first 3 months of therapy only: reduction in migraines by 2 or more per month from baseline
  • For Emgality 100 mg/mL
    o Documented diagnosis of episodic cluster headache AND
    o 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: Botox therapy 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:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIMOVIG SURECLICK 70 MG/ML AUTOINJECTOR</td>
<td>ERENUMAB</td>
<td>1 autoinjector per 20 days</td>
</tr>
<tr>
<td>AIMOVIG SURECLICK 140 MG/ML AUTOINJECTOR</td>
<td>ERENUMAB</td>
<td>1 autoinjector per 20 days</td>
</tr>
<tr>
<td>AJOVY 225 MG/1.5 ML AUTOINJECTOR</td>
<td>FREMANEZUMAB</td>
<td>3 autoinjectors per 76 days</td>
</tr>
<tr>
<td>AJOVY 225 MG/1.5 ML SYRINGE</td>
<td>FREMANEZUMAB</td>
<td>3 syringes per 76 days</td>
</tr>
<tr>
<td>EMGALITY 100 MG/ML SYRINGE</td>
<td>GALCANZUMAB</td>
<td>3 syringes per 20 days</td>
</tr>
<tr>
<td>VYEPTI 100 MG/ML VIAL</td>
<td>EPTINEZUMAB-JJMR</td>
<td>3 vials per 76 days</td>
</tr>
</tbody>
</table>

**Required Documentation**

- Laboratory Results: 
- MedWatch Form: 
- Progress Notes: ✗
- Other: 

**Disposition of Edit**

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

**Default Approval Period**

6 months
References

- Evidence-Based Medicine Analysis: “Calcitonin Gene-Related Peptide (CGRP) Inhibitors”, UMKC-DIC; September 2021.
- USPDI, Micromedex; 2021.