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:

Preferred Agents

- Aimovig®
- Emgality™ 120mg/ml

Non-Preferred Agents

- Ajovy™
- Emgality™ 100mg/ml

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 18 years of age or older

Approval Criteria

- Participant aged 18 years or older
- For diagnosis of chronic or episodic migraine:
  - Aimovig, Emgality 120mg/ml, and Ajovy 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
  o For renewal following first 3 months of therapy only: reduction in migraines by 2 or more per month from baseline
  o For Ajovy only: Efficacy and tolerability of monthly dose established prior to use of quarterly dose
  o Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented ADE/ADR to preferred agents
• For diagnosis of episodic cluster headache
  o Emgality 100mg/ml only
  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: therapy with Botox in the past 90 days
• Lack of adequate trial on required preferred agents
• Therapy will be denied if no approval criteria are met

Required Documentation

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes: X</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedWatch Form:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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
5. USPDI, Micromedex; 2019.

SmartPA PDL Proposal Form
© 2020 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.
Other company trademarks are also acknowledged.