

New Hampshire Medicaid Fee-for-Service Program

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

Approval Date: August 7, 2020

Medications

Brand Names	Generic Names	Dosage
Aimovig®	erenumab-aooe	70 mg/mL solution single-dose prefilled syringe or auto-injector; 140 mg/mL prefilled syringe and autoinjector
Ajovy®	fremanezumab-vfrm	150 mg/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
Vyepti™	eptinezumab-jjmr	Intravenous (IV) solution: 100 mg/mL

Indication

- **Aimovig® (erenumab-aooe)**: A high-affinity human immunoglobulin G2 (IgG2) monoclonal antibody that targets the calcitonin gene-related peptide (CGRP) receptor, is indicated for the preventative treatment of migraine in adults.
- **Ajovy® (fremanezumab-vfrm)**: A human immunoglobulin G2 (IgG2) monoclonal antibody that targets the calcitonin gene-related peptide (CGRP) receptor, is indicated for the preventative treatment of migraine in adults.
- **Emgality® (galcanezumab-gnlm)**: A human immunoglobulin IgG4 monoclonal antibody that targets the calcitonin gene-related peptide (CGRP) ligand, is indicated for the preventative treatment of migraine and episodic cluster headaches in adults.
- **Vyepti™ (eptinezumab-jjmr)**: A humanized immunoglobulin G1 (IgG1) monoclonal antibody that targets the calcitonin gene-related peptide (CGRP) ligand and inhibits its interaction with the receptor, is indicated for the preventative treatment of migraine 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 \geq four migraine days per month for at least three months; **AND**
4. Patient has tried and failed a \geq 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:

- **Aimovig**[®] (erenumab-aooe): Three months
- **Ajovy**[®] (fremanezumab-vfrm): Six months
- **Emgality**[®] (galcanezumab-gnlm): Three months
- **Vyepti**[™] (eptinezumab-jjmr): Three months

Quantity Limit:

- **Aimovig**[®] (erenumab-aooe): 140 mg (syringe or 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
- **Vyepti**[™] (eptinezumab-jjmr): 100 mg IV infusion per 3 months

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)

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 International Classification of Headache Disorders (ICHD-III) diagnostic criteria; **AND**
3. Other ICHD-III headaches have been ruled out; **AND**
4. Patient has tried and failed a \geq 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:

- Three months

Quantity Limit:

- Emgality® (galcanezumab-gnlm): 300 mg (three prefilled 100mg/1ml 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.

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