

## Atogepant (Qulipta)

### Coverage Criteria:

#### Initial Authorization Criteria for Prevention of Episodic Migraines:

Qulipta is reserved for:

1. Prescribed by or in consultation with a neurologist, or a nurse practitioner or physician assistant specializing in neurology; AND,
2. Patient is diagnosed with episodic migraine not related to a similar diagnosis (such as cluster headaches, TMD, rebound headache, etc.); AND,
3. Patient is  $\geq 18$  years of age; AND,
4. Patient is experiencing **at least 4 migraine days per month over at least 3 consecutive months**; AND,
5. Patient has tried and failed **at least two preventative drug therapies**, or has medical contraindications to all preventative drug therapies, meeting the following criteria:
  - a. Therapies must include **at least two of the following four drug categories**: beta blocker, calcium channel blocker, anticonvulsant or antidepressant; AND,
  - b. Failure of each therapy is defined as at least 12 weeks of treatment, or intolerable adverse effects requiring discontinuation of the drug prior to 12 weeks; AND,
    - i. Less than a 50% reduction in migraines from baseline; OR,
    - ii. At least 1 migraine exacerbation requiring emergency room treatment or hospitalization while on therapy; AND,
6. Patient has tried and failed or has medical contraindication to Emgality AND Ajovy, for a duration of at least 12 weeks each; AND,
7. Qulipta for migraine prevention is not used in combination with botulinum toxin; AND,
8. Prescribed within the FDA approved dosing regimen.

#### Coverage Duration:

Initial authorization will be provided for 6 months

Re-authorizations will be provided for 12 months.

#### Other Criteria:

Brand name drugs for which there is an equivalent generic are reserved for patients with a documented allergic reaction to the equivalent generic. Patients must meet all other coverage criteria.

The provision of pharmaceutical samples (from the prescriber or manufacturer assistance/free trial programs) does not guarantee coverage. All criteria must be met in order to obtain coverage. In addition, the use of pharmaceutical samples will not be considered when evaluating the member's medical condition or prior prescription history for medications.

#### Renewal Criteria for Episodic Migraines:

Re-authorization will be provided for 12 months for patients who continue to meet criteria 2, 3, 6, 7 and 8 above. In addition, approval requires medical documentation demonstrating a positive effect from the medication defined as a reduction of at least 2 migraine days per month from baseline.