

## PRIOR AUTHORIZATION POLICY

**POLICY:** Migraine – Qulipta Prior Authorization Policy

- Qulipta<sup>®</sup> (atogepant tablets – AbbVie)

**REVIEW DATE:** 02/28/2024; selected revision 04/10/2024

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### OVERVIEW

Qulipta, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated for the **preventive treatment of migraine** in adults.<sup>1</sup>

### Disease Overview

Migraine is a common, ongoing condition marked by paroxysmal, unilateral attacks of moderate to severe throbbing headache.<sup>2</sup> Migraines are aggravated by routine physical activity (e.g., walking or climbing stairs) and associated with nausea, vomiting, and/or photophobia and phonophobia. Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on  $\geq 15$  days/month for more than 3 months, which has the features of migraine headache on  $\geq 8$  days/month. Episodic migraine is characterized by headaches that occur  $< 15$  days/month.

### Guidelines

An updated assessment of the **preventive and acute treatment of migraine** by the **American Headache Society** (AHS) [2018; update 2021] reaffirms previous migraine guidelines.<sup>3,4</sup> Patients with migraine should be considered for preventive treatment in the following situations: when attacks significantly interfere with patients' daily routines despite acute treatment; frequent attacks ( $\geq 4$  monthly headache days); at least moderate disability (Migraine Disability Assessment [MIDAS] score  $\geq 11$  or six-item Headache Impact Test [HIT-6] score  $> 50$ ); contraindication to, failure, overuse, or adverse events with acute treatments; or patient preference. Before developing a preventive treatment plan, the appropriate use (e.g., drug type, route and timing of administration, frequency) of acute treatments should be initiated and coupled with education and lifestyle modifications. All patients with migraine should be offered a trial of acute treatment. Based on the level of evidence for efficacy and the American Academy of Neurology scheme for classification of evidence, the following oral treatments have established efficacy and should be offered for migraine prevention: antiepileptic drugs (**divalproex sodium, valproate sodium, topiramate** [not for women of childbearing potential without a reliable method of birth control]); beta-blockers (**metoprolol, propranolol, timolol**); and **frovatriptan** (for short-term preventive treatment of menstrual migraine). The following treatments are probably effective and should be considered for migraine prevention: antidepressants (**amitriptyline, venlafaxine**); beta-blockers (**atenolol, nadolol**); and angiotensin receptor blockers (**candesartan**).

The **AHS** issued an update to their position statement (2024) specifically regarding therapies targeting CGRP for the prevention of migraine.<sup>5</sup> The evidence for the efficacy, tolerability, and safety of CGRP-targeting migraine preventive therapies (specifically, the monoclonal antibodies: Aimovig [erenumab-aooe subcutaneous {SC} injection], Ajovy<sup>®</sup> [fremanezumab-vfrm SC injection], Emgality<sup>®</sup> [galcanezumab-gnlm SC injection], and Vyepti<sup>®</sup> [eptinezumab-jjmr intravenous infusion], and the gepants: Nurtec<sup>®</sup> ODT [rimegepant orally disintegrating tablets] and Qulipta<sup>®</sup> [atogepant tablets]) is substantial and consistent across different individual CGRP-targeting treatments. Extensive “real-world” clinical experience corroborates clinical trials. This data indicates that the efficacy and tolerability of CGRP-targeting therapies are equal to or greater than those of previous first-line therapies. The CGRP-targeting therapies should be considered as a first-line approach for migraine prevention along with previous first-line treatments without

a requirement for prior failure of other classes of migraine preventive treatment. Additionally, Botox<sup>®</sup> (onabotulinumtoxinA SC injection) is considered a first-line therapy for prevention of chronic migraine.

### **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Qulipta. All approvals are provided for the duration noted below.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Qulipta is recommended in those who meet the following criteria:

#### **FDA-Approved Indication**

- 1. Migraine Headache Prevention.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
  - A)** Patient is  $\geq 18$  years of age; AND
  - B)** Patient has  $\geq 4$  migraine headache days per month (prior to initiating a migraine-preventive medication); AND
  - C)** If the patient is currently taking Qulipta, patient has had a significant clinical benefit from the medication as determined by the prescriber.

Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time that Qulipta was initiated.

### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Qulipta is not recommended in the following situations:

- 1. Concurrent Use with Another Calcitonin Gene-Related Peptide (CGRP) Inhibitor Being Prescribed for Migraine Headache Prevention.**

Note: CGRP inhibitors that are indicated for migraine headache prevention include Aimovig (erenumab-aooe subcutaneous injection), Ajovy (fremanezumab-vfrm subcutaneous injection), Emgality (galcanezumab-gnlm subcutaneous injection), Vyepti (eptinezumab-jjmr intravenous infusion), Nurtec ODT (rimegepant sulfate orally disintegrating tablets), and Qulipta (atogepant tablets). Aimovig, Ajovy, Emgality, and Vyepti are injectable CGRP inhibitors for migraine prevention and have not been studied for use in combination with another agent in the same class.<sup>6-9</sup> Nurtec ODT is an oral CGRP inhibitor indicated for the acute treatment of migraine and for preventive treatment of episodic migraine.<sup>10</sup> Clinical trials of Nurtec ODT for the prevention of episodic migraine did not permit the use of a concomitant medication that acts on the CGRP pathway.
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Qulipta® tablets [prescribing information]. Madison, NJ: AbbVie; April 2023.
2. MacGregor EA. In the clinic. Migraine. *Ann Intern Med.* 2017;166(7):ITC49-ITC64.
3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache.* 2019;59:1-18.
4. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache.* 2021;61(7):1021-1039.
5. Charles AC, Digre KB, Goadsby PJ, et al; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache.* 2024 Mar 11. Epub ahead of print.
6. Aimovig® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; October 2022.
7. Ajovy® subcutaneous injection [prescribing information]. North Wales, PA: Teva; September 2021.
8. Emgality® subcutaneous injection [prescribing information]. Indianapolis, IN: Lilly; May 2022.
9. Vyepiti® intravenous injection [prescribing information]. Bothell, WA: Lundbeck; October 2022.
10. Nurtec® ODT orally disintegrating tablets [prescribing information]. New Haven, CT: Biohaven; April 2022.