MASSACHUSETTS

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Pharmacy Medical Policy
Anti-Migraine Policy

Table of Contents

Policy Number: 021

BCBSA Reference Number: N/A

Related Policies

- Quality Care Dosing guidelines may apply and can be found in Medical Policy #**621B**
- Botulinum Toxin Injections Medical Policy #**006**

Prior Authorization Information

Policy	☒ Prior Authorization ☒ Step Therapy ☒ Quantity Limit ☐ Administrative	Reviewing Department	**Pharmacy Operations:** Tel: 1-800-366-7778 Fax: 1-800-583-6289
		Policy Effective Date	**10/1/2023**
Pharmacy (Rx) or Medical (MED) benefit coverage	☒ Rx ☐ MED	**To request for coverage:** Providers may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below. **Blue Cross Blue Shield of Massachusetts** **Pharmacy Operations Department** 25 Technology Place Hingham, MA 02043 Tel: 1-800-366-7778 Fax: 1-800-583-6289 **Individual Consideration for the atypical patient:** Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration	
Policy applies to Commercial Members: • Managed Care (HMO and POS), • PPO and Indemnity • MEDEX with Rx plan • Managed Major Medical with Custom BCBSMA Formulary • Comprehensive Managed Major Medical with Custom BCBSMA Formulary • Managed Blue for Seniors with Custom BCBSMA Formulary **Policy does NOT apply to**: • Medicare Advantage			

Summary

This is a comprehensive policy covering prior authorization, step therapy and quantity limit requirements for drugs used in the treatment of acute migraine headaches, prevention of chronic migraine headaches, and cluster headaches.

Policy

Treatment of Acute and Chronic Migraines

No Requirements

- For mild to moderate migraines, simple OTC analgesics such as NSAIDS, acetaminophen combinations with caffeine.
- For nausea or vomiting: ondansetron (quantity limits apply – see limits found in Policy #621B).

For symptoms that do not respond to antiemetics and simple OTC analgesics, drugs from the triptan class may be indicated. If the symptoms do not respond to triptans or triptans are contraindicated or not tolerated, CGRP antagonists should be considered. Opiates should be considered a last resort. Please see below for related prior authorization requirements for Triptans and CGRP antagonists.

The current guidelines for treatment of migraines recommend the use of preventive therapies for patients who have greater than or equal to 4 migraine days per month, are overusing acute medications, or have disability. Even though drugs used for prevention of chronic migraines are less well studied, the American Headache Society and the American Academy of Neurology also recommends the same drugs used for the prevention of episodic migraines (i.e., 4 – 14 migraine days per month) for use in prevention of chronic migraine (i.e., headache on > 15 days per month for greater than 3 months).

BCBSMA formulary coverage options for some drugs recommended by the American Headache Society and the American Academy of Neurology for migraine prevention include the following medications but are not limited to:

- amitriptyline
- atenolol
- divalproex
- Gabapentin
- lithium
- metoprolol
- nadolol
- propranolol
- topiramate
- valproate
- verapamil
- venlafaxine

Treatment of Acute Migraines – Triptans

Serotonin 5-HT1 receptor agonists also known as Triptan medications are indicated for the treatment of acute migraine with or without aura in adults.

Step Therapy Requirements

Length of Approval	24 months
Formulary Status	All requests must meet the Step Therapy requirement and for non-covered medications, the member **must** also have had a previous treatment failure with, or contraindication to, **at least two** covered formulary alternatives when available. See section on individual consideration for more information if you require an exception to any of these criteria requirements for an atypical patient.
Member cost share consideration	A higher non-preferred cost share may be applied if an exception request is approved for coverage of a non-preferred or a non-formulary/non-covered drug.

The step therapy requirements applied to coverage of triptans is as follows:

Drug	Formulary Status (BCBSMA Commercial Plan)	Step Requirement
Step 1		
Naratriptan	Covered, QCD	Covered without prior authorization.
rizatriptan	Covered, QCD	
sumatriptan	Covered, QCD	
Step 2		
Almotriptan	Covered, QCD	Requires prior use of ONE step 1 medication OR history of prior use of any step 2 medication in this table within the previous 130 days. See below for prior use criteria.
Frovatriptan	Covered, QCD	
Eletriptan	Covered, QCD	
Sumatriptan / naproxen	Covered, QCD	
zolmitriptan	Covered, QCD	
Zolmitriptan Nasal Spray	Covered, QCD	
Zomig ® Nasal Spray (zolmitriptan)	Covered, QCD	
Step 3		
Dihydroergotamine spray	Covered, QCD	Requires prior use of ONE step 1 medication **AND** ONE step 2 medication OR history of prior use of a step 3 medication in this table within the previous 130 days. See below for prior use criteria
Amerge ® (naratriptan)	Covered, QCD	
Imitrex ® Tablets (sumatriptan)	Covered, QCD	
Imitrex ® Nasal Spray (sumatriptan)	Covered, QCD	
Migranal Spray	Covered, QCD	
Tosymra	Covered, QCD	
Imitrex ® STATdose (sumatriptan)	NFNC, QCD	
Maxalt / MLT® (rizatriptan)	NFNC, QCD	
Frova ® (frovatriptan)	NFNC, QCD	
Imitrex ® Injection (sumatriptan)	NFNC, QCD	
Onzetra ® (sumatriptan)	NFNC, QCD	
Relpax ® (eletriptan)	NFNC, QCD	
Treximet ® (sumatriptan / naproxen)	NFNC, QCD	
Trudhesa ™ (dihydroergotamine)	NFNC, QCD	
Zembrace ™ Symtouch ™ (sumatriptan)	NFNC, QCD	
Zomig ® (zolmitriptan) Tablets	NFNC, QCD	
Zomig ZMT ® (zolmitriptan)	NFNC, QCD	

QCD - Quality Care Dosing (quantity limits policy #621B); PA – Prior Authorization; ST – Step Therapy; NFNC – Non-formulary Non-covered

Prior Use Criteria

The plan uses prescription claim records to support criteria for prior use within previous 130 days or the trial and failure of formulary alternatives when available. Additional documentation will be required from the provider when historic prescription claim data is either not available or the medication fill history fails to establish criteria for prior use or trial and failure of formulary alternatives. Documentation will also be required to support any clinical reasons preventing the trial and failure of formulary alternatives. Please see the section on documentation requirements for more information.

Treatment of Acute Migraines – Calcitonin Gene-Related Receptor (CGRP) Antagonists - Nurtec ODT ®, Ubrelvy ®, Zavzpret ™

Nurtec ODT, Ubrelvy, and Zavzpret are indicated for the acute treatment of migraine with or without aura. However, while Nurtec ODT is also indicated for the preventive treatment of episodic migraine Ubrelvy and Zavzpret are NOT indicated for preventive treatment of migraine.

Prior Authorization Requirements

Length of Approval	12 months
Formulary Status	All requests must meet the applicable PA criteria and/or Step Therapy criteria. See section on individual consideration for more information if you require an exception to any of these criteria requirements.
Member cost share consideration	A higher non-preferred cost share may be applied if an exception request is approved for coverage of a non-preferred or a non-formulary/non-covered drug.

The prior authorization requirements for CGRPs for acute treatment of migraines:

Drug	Formulary Status (BCBSMA Commercial Plan)	Requirement
Nurtec ODT ® (rimegepant)	PA, QCD	PA Required
Ubrelvy ® (ubrogepant)	PA, QCD	PA Required
Zavzpret ™ (zavegepant)	PA, QCD	PA Required

QCD - Quality Care Dosing (quantity limits policy #621B); PA – Prior Authorization

Nurtec ODT®, **Ubrelvy ®**, and **Zavzpret ™** may be covered for the acute treatment of migraines when **ALL** of the following criteria are met:

1. Age 18 years or older; **AND**

2. Previous trial with an inadequate response, adverse reaction, or contraindication to at least TWO (2) triptan medications (e.g., naratriptan, rizatriptan, sumatriptan, etc.).

Preventative Treatment of Migraines – Calcitonin Gene-Related Receptor (CGRP) Antagonists

Prior Authorization Requirements

Length of Approval	12 months
Formulary Status	All requests must meet the applicable PA criteria and/or Step Therapy criteria. See section on individual consideration for more information if you require an exception to any of these criteria requirements.
Member cost share consideration	A higher non-preferred cost share may be applied if an exception request is approved for coverage of a non-preferred or a non-formulary/non-covered drug.

The prior authorization requirements for CGRPs for preventative treatment of migraines:

Drug	Formulary Status (BCBSMA Commercial Plan)	Requirements
Nurtec ODT ® (rimegepant)	PA, QCD	PA Required
Aimovig ® (erenumab)	PA, QCD	PA Required
Ajovy ® (fremanezumab)	PA, QCD	PA Required
Emgality ® (galcanezumab)	PA, QCD	PA Required
Qulipta ® (atogepant)	NFNC, PA, QCD	Non-formulary exception and PA Required
Vyepti ® (eptinezumab)	NFNC, PA, QCD	Non-formulary exception and PA Required

QCD - Quality Care Dosing (quantity limits policy #621B); PA – Prior Authorization; NFNC – Non-formulary Non-covered

Aimovig ®, Ajovy ®, Emgality ®, and Nurtec ODT ®

Aimovig, Ajovy, Emgality, and Nurtec ODT may be covered for the preventative treatment of episodic migraines when **ALL** of the following criteria are met:

1. Age 18 years or older; **AND**
2. Experiencing 4 or more migraine headache days per month (prior to initiating a migraine-preventative medication(s)); **AND**
3. Previous trial with an inadequate response, adverse reaction, or contraindication to at least TWO (2) different classes of medications recommended for preventive treatment of migraines (e.g., beta blocker, anti-depressants, calcium channel blockers, anticonvulsants).

Emgality ® may be covered for the prevention of episodic cluster headaches when **ALL** of the following criteria are met:

1. Diagnosis of episodic cluster headaches – defined as having at least 2 cluster periods lasting from 7 days to 1 year, separated by pain-free remission periods lasting at least 1 month; **AND**
2. Age 18 years or older; **AND**
3. Unable to achieve a reduction in weekly cluster headache attack frequency with preventative medication(s).

Vyepti ®, and Qulipta ®

Non-formulary drugs **Vyepti** ® and **Qulipta** ® may be covered for the preventative treatment of episodic migraines when **ALL** of the following criteria are met:

4. Age 18 years or older; **AND**
5. Experiencing 4 or more migraine headache days per month (prior to initiating a migraine-preventative medication(s)); **AND**
6. Meets BCBSMA Non-Formulary Exception criteria requirements with trial and failure of at least TWO (2) covered formulary CGRP alternatives for preventive treatment of episodic migraines (i.e., Aimovig ®, Ajovy ®, Emgality ®, and Nurtec ODT ®).

Provider Documentation Requirements

Documentation from the provider to support a reason preventing trial of formulary alternative(s) must include the name and strength of alternatives tried and failed (if alternatives were tried, including dates if available) and specifics regarding the treatment failure. Documentation to support clinical basis preventing switch to formulary alternative should also provide specifics around clinical reason.

Individual Consideration (For Atypical Patients)

Our medical policies are written for most people with a given condition. Each policy is based on peer reviewed clinical evidence. We also take into consideration the needs of atypical patient populations and diagnoses.

If the coverage criteria outlined is unlikely to be clinically effective for the prescribed purpose, the health care provider may request an exception to cover the requested medication based on an individual's unique clinical circumstances. This is also referred to as "individual consideration" or an "exception request."

Some reasons why you may need us to make an exception include: therapeutic contraindications; history of adverse effects; expected to be ineffective or likely to cause harm (physical, mental, or adverse reaction).

To facilitate a thorough and prompt review of an exception request, we encourage the provider to include additional supporting clinical documentation with their request. This may include:

- Clinical notes or supporting clinical statements;
- The name and strength of formulary alternatives tried and failed (if alternatives were tried) and specifics regarding the treatment failure, if applicable;
- Clinical literature from reputable peer reviewed journals;
- References from nationally recognized and approved drug compendia such as American Hospital Formulary Service® Drug Information (AHFS-DI), Lexi-Drug, Clinical Pharmacology, Micromedex or Drugdex®; and
- References from consensus documents and/or nationally sanctioned guidelines.

Providers may call, fax or mail relevant clinical information, including clinical references for individual patient consideration, to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Phone: 1-800-366-7778
Fax: 1-800-583-6289

We may also use prescription claims records to establish prior use of formulary alternatives or to show if step therapy criteria has been met. We will require the provider to share additional information when prescription claims data is either not available or the medication fill history fails to establish use of preferred formulary medications or that step therapy criteria has been met.

Background

Migraine and Cluster Headache

Migraine is a headache disorder characterized by recurrent moderate to severe headaches with associated symptoms. Approximately 15% of the population have migraines, with a higher prevalence in women than

in men.[1,] The typical migraine headache is throbbing, unilateral, and aggravated by motion. Migraines are frequently associated with nausea, vomiting, photophobia, and phonophobia, although other neurological symptoms may occur. Migraine attacks can last from several hours to several days and are often preceded by transient neurological symptoms (eg, visual disturbance) known as migraine aura.

Migraines are categorized as episodic or chronic depending on the frequency of attacks. Episodic migraine is defined as migraine or headache for less than 15 days per month and accounts for more than 90% of cases of migraine. Chronic migraine is defined as 15 or more headache days each month, of which at least 8 are migraine days.

Migraine was previously thought to be primarily vascular, but recent evidence suggests that sensitization of pain pathways in the central nervous system may be involved.[2,]At least 3 messenger molecules are thought to be involved during migraine attacks: nitric oxide, 5-hydroxytryptamine, and calcitonin gene-related peptide (CGRP). CGRP is produced in both peripheral and central neurons and is a potent vasodilator. Some preclinical studies suggest that during a migraine, sensory neurons in the trigeminal ganglion release CGRP from their peripherally projecting nerve endings in the meninges.

Cluster headache is a disabling primary headache disorder that is characterized by attacks of intense headache on 1 side of the head, with associated agitation or restlessness, as well as by cranial autonomic symptoms, such as lacrimation, conjunctival injection, and nasal congestion. Attacks last 15 to 180 minutes when untreated and can occur once or several times per day during cluster headache periods that can last for weeks to months.[3,] Cluster headaches, like migraines, are categorized as episodic or chronic depending on the frequency of the attacks. Episodic cluster headache is defined as at least 2 cluster periods lasting 7 to 365 days and separated by pain-free remission periods of 1 month or longer. Chronic cluster headache attacks occur for 1 year or longer without remission, or with remission periods lasting less than 1 month.

Treatment

Symptomatic treatment is available for both migraine attacks and cluster headaches. Initial treatment for migraine is the use of oral pain relievers, but those with severe disease typically try multiple therapies, including both non-drug (eg, exercise, diet, relaxation techniques) and drug therapies. Acute drug therapies, such as triptans, treat symptoms after they've started. For patients who experience more than 4 migraine days per month, preventive treatment may be recommended and include certain antidepressants, anti-seizure medications, beta-blockers, and, for those with chronic migraine, onabotulinum toxin A (see evidence review 5.01.50). Oral medications approved by the U.S. Food and Drug Administration (FDA) for migraine prophylaxis include topiramate, propranolol, timolol, and valproate. All of these medications have contraindications and side effects that limit their use. For many people, preventive therapies are not effective or have intolerable side effects.

For acute management of cluster headache, oxygen and sumatriptan are typically recommended. Intranasal dihydroergotamine, intranasal lidocaine, and intranasal capsaicin are less studied alternatives in place of the first-line recommendations. Oral sumatriptan, verapamil, divalproex, and prednisone are among the agents that can be used for episodic cluster headache prophylaxis, either reducing the frequency of episodic cluster headaches or severity. Verapamil and lithium are agents used in chronic cluster headache treatment. None of these agents, however, are FDA approved for the treatment of cluster headache.

This evidence review addresses humanized monoclonal antibodies (mAbs) that bind to the CGRP receptor or CGRP molecule and are designed for the prevention or treatment of migraine or cluster headache (see Table 1). The role of CGRP in cluster headache provided the rationale for utilizing humanized mAbs in preventing migraine and cluster headache. Unlike oral drug therapy, mAbs are not metabolized by the liver can remain in the body for weeks or months.

Policy History

Date	Action
9/2023	Reformatted policy. Updated IC to align with 118E MGL § 51A.
8/2023	Updated policy to add Zavzpret ™ to the policy.
7/2023	Updated policy template and criteria for CGRPs for preventive treatment of migraines and updated episodic cluster headache diagnosis definition from >5 episodes to >2 periods lasting 7days to 1 year.
1/2023	Updated to move Vyepti ® and Qulipta ™ to non-covered in the policy and increase the look back period for the CGRPs.
7/2022	Clarified Step requirements and clarify previous treatment for applicable medications.
1/2022	Updated to add dihydroergotamine 4mg/mL spray and Migranal 4mg/mL spray to step 3 of the Triptans for Acute Migraine table and to add Qulipta to the policy.
11/2021	Updated to include Coverage for Nurtec ODT for Prevention and Trudhesa ™ to the policy.
4/2021	Updated to add a single sourced branded Zolmitriptan Nasal Spray to Step 1 in CGRP table and Step 2 in Triptans table.
1/1/2021	Updated to add Onzetra®, Tosymra™, and Zembrace™ Symtouch™ to step 3 of the triptan step.
10/2020	Updated to add a third step to the Acute treatment section and update the policy title.
6/2020	Updated to add Step part for Ubrelvy™ & Nurtec™ and to add Vyepti™ to the prophylaxis CGRP criteria.
4/2020	Clarified list of preventive medications and added Ajovy to formulary.
10/2019	Clarified criteria for cluster headache.
7/2019	Updated to add new cluster headache indication for Emgality.
12/2018	New policy describing coverage indications for Aimovig, Ajovy and Emgality. 12/2018.

Forms

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

Massachusetts Standard Form for Medication Prior Authorization Requests #434

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