Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Atogepant (Qulipta)

Notes:

• Quantity Limits: Yes

Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-Formulary atogepant (Qulipta) will be covered on the prescription drug benefit for <u>12</u> months when the following criteria are met:

- Prescribed by neurology provider **AND**
- Patient is at least 18 years old AND
- Prescribed for the treatment of migraine prophylaxis AND
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or valproate, or topiramate **AND**
- Patient has failed a trial of, or has an allergy or intolerance to fremanezumab (Ajovy), **AND** galcanezumab (Emgality)

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-Formulary atogepant (Qulipta) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient is at least 18 years old AND
- Prescribed for the treatment of migraine prophylaxis **AND**
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or valproate, or topiramate **AND**
- Patient has failed a trial of, or has an allergy or intolerance to fremanezumab (Ajovy), **AND** galcanezumab (Emgality)

<u>Continued use criteria for patients previously approved per the above criteria who</u> <u>are currently stable on the medication</u>: Non-Formulary **atogepant (Qulipta)** will continue to be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

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CPS/AWC Revised 03/14/24 Effective 05/09/24



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