STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ATOGEPANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ATOGEPANT	QULIPTA	47599		GPI-10 (6770101000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of episodic migraines and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Qulipta is prescribed for the preventive treatment of migraines
   - Qulipta will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention
   - The patient had a trial of or contraindication to ONE of the following preventive migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine

     If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, continue to #2.

2. Does the patient have a diagnosis of chronic migraines and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Qulipta is prescribed for the preventive treatment of migraines
   - Qulipta will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention
   - The patient had a trial of or contraindication to ONE of the following preventive migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine, Botox [Note: For Botox, previous trial of only NDCs # 00023-1145-01 or 00023-3921-02 are allowable]

     If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, do not approve.
     DENIAL TEXT: See the initial denial text at the end of the guideline.

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ATOGEPANT

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ATOGEPANT (Qulipta)** requires the following rule(s) be met for approval:

A. You have migraines
B. **If you have episodic migraines (0-14 headache days per month), approval also requires:**
   1. You are 18 years of age or older
   2. Qulipta is prescribed for the preventive treatment of migraines
   3. You will NOT use Qulipta concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention
   4. You have tried or have a contraindication (harmful for) to ONE of the following preventive migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine
C. **If you have chronic migraines (15 or more headache days per month), approval also requires:**
   1. You are 18 years of age or older
   2. Qulipta is prescribed for the preventive treatment of migraines
   3. You will NOT use Qulipta concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention
   4. You have tried or have a contraindication (harmful for) to ONE of the following preventive migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine, Botox [Note: For Botox, previous trial of only National Drug Code (NDC) 00023-1145-01 or NDC 00023-3921-02 are allowable]

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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ATOGEPANT

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is the request for the preventive treatment of migraines **AND** does the patient meet the following criterion?
   - Qulipta will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
   - The patient has experienced a reduction in migraine or headache frequency of at least 2 days per month with Qulipta therapy
   - The patient has experienced a reduction in migraine severity with Qulipta therapy
   - The patient has experienced a reduction in migraine duration with Qulipta therapy

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ATOGEPANT (Qulipta)** requires the following rule(s) be met for renewal:
   A. Qulipta is prescribed for the preventive treatment of migraines
   B. You will NOT use Qulipta concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (e.g., Ajovy [fremanezumab-vfrm], Aimovig [erenumab-aooe], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet]) for migraine prevention
   C. You meet ONE of the following:
      1. You have experienced a reduction in migraine or headache frequency of at least 2 days per month with Qulipta therapy
      2. You have experienced a reduction in migraine severity with Qulipta therapy
      3. You have experienced a reduction in migraine duration with Qulipta therapy

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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ATOGEPANT

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Qulipta.

REFERENCES

- Qulipta [Prescribing Information]. Dublin, Ireland: AbbVie, Inc.; April 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 05/22/23
Created: 10/21
Client Approval: 05/23
P&T Approval: 01/23