



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ATOGEPAANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ATOGEPAANT	QULIPTA	47599			

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for the preventative treatment of episodic migraine and the patient meets **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a trial of or contraindication to ONE of the following preventative migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
 - The patient had a trial of or contraindication to the preferred agents: Emgality AND Aimovig
 - The patient has needle phobia, dexterity issue, or other reason patient cannot use an injectable CGRP inhibitor

If yes, **approve for 6 months by HICL with a quantity limit of #1 per day.**

If no, do not approve.

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 **ATOGEPAANT (Qulipta)** requires the following rule(s) be met for approval:

- A. The request is for the preventative treatment of episodic migraine
- B. You are 18 years of age or older
- C. You had a trial of or contraindication (harmful for) to ONE of the following preventative migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, atenolol, nadolol, amitriptyline, venlafaxine
- D. You had a trial of or contraindication (harmful for) to Emgality AND Aimovig, OR you have needle phobia (scared of needles), dexterity issue (hard time performing tasks, especially with your hands), or other reason you cannot use an injectable calcitonin gene-related peptide (CGRP) inhibitor

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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STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ATOGEPA NT

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is the request for the preventative treatment of episodic migraine and the patient meets **ONE** of the following criteria?
 - The patient has experienced a reduction in migraine or headache frequency of at least 2 days per month
 - The patient has experienced a reduction in migraine severity
 - The patient has experienced a reduction in migraine duration

If yes, **approve for 12 months by HICL 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 **ATOGEPA NT (Qulipta)** requires the following rule(s) be met for renewal:

- A. The request is for the preventative treatment of episodic migraine
- B. You meet ONE of the following criteria:
 1. You have experienced a reduction in migraine or headache frequency of at least 2 days per month
 2. You have experienced a reduction in migraine severity
 3. You have experienced a reduction in migraine duration

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.

RATIONALE

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

REFERENCES

- Qulipta [Prescribing Information]. North Chicago, IL: AbbVie, Inc., September 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/08/21

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Client Approval:

P&T Approval: 04/21