

Pharmacy Policy

Calcitonin Gene-Related Peptide Antagonist (CGRP)

Policy Number: 9.205
Version Number: 1.0
Version Effective Date: 6/1/2021

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| <p>Product Applicability <input type="checkbox"/> All Plan+ Products</p> | |
| <p>Well Sense Health Plan</p> <p><input type="checkbox"/> New Hampshire Medicaid</p> | <p>Boston Medical Center HealthNet Plan</p> <p><input checked="" type="checkbox"/> MassHealth - MCO <input checked="" type="checkbox"/> MassHealth - ACO <input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options</p> |

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

- Products Affected:**
- Nurtec (rimegepant)
 - Reyvow (lasmiditan)
 - Ubrelvy (ubrogepant)

The Plan may authorize coverage of the above products for members meeting the following criteria:

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| Covered Use | The treatment of acute migraines |
| Required Medical Information | <ol style="list-style-type: none"> 1. A diagnosis of migraine; AND 2. Medication is being prescribed by or in consultation with a neurologist or headache specialist; AND 3. Member is 18 years of age or older; AND |

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| | <ol style="list-style-type: none"> 4. Member has tried and failed treatment with at least THREE triptans at maximally indicated doses OR has a contraindication to all triptans; AND 5. Provider attests that the medication will be used for the acute treatment of migraine, and not for migraine prevention |
| Coverage Duration | 12 months |
| Other criteria | Reauthorization: <ol style="list-style-type: none"> 1. The member is currently receiving the medication via Boston Medical Center HealthNet Plan benefit or the member previously met initial approval criteria; AND 2. Prescriber attests that the member has experienced a positive response to therapy |

Applicable Coding:

Clinical Background Information and References

1. Nurtec (rimegepant sulfate) [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals, Inc. February 2020.
2. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Eli Lilly and Company. January 2021
3. Ubrelvy (ubrogepant) [prescribing information]. Madison, NJ: Allergan, Inc. June 2020.

| Original Approval Date | Original Effective Date | Policy Owner | Approved by |
|------------------------|-------------------------|-------------------|---|
| 2/11/2021 | 6/1/2021 | Pharmacy Services | Pharmacy & Therapeutics (P&T) Committee |

| Policy Revisions History | | | |
|--------------------------|----------------------|-------------------------|---------------|
| Review Date | Summary of Revisions | Revision Effective Date | Approved by |
| 2/11/2021 | New policy created | 6/1/2021 | P&T Committee |

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Next Review Date

2/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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