

Effective Date: 10/01/2021
Reviewed: 07/2021, 2/2022, 7/2023, 5/2024, 7/2025, 6/2026
Scope: Medicaid

## QULIPTA (atogepant)

### POLICY

#### I. CRITERIA FOR APPROVAL

##### A. Preventative Treatment of Episodic Migraine

An authorization for 6 months may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

- A. Member is 18 years of age or older
- B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
- C. Member experiences at least 4 but not more than 14 headache days per month, with disability on some days
- D. Member has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
- E. Member has documented trial and failure of a 3-month trial of any 2 prophylactic medications from the following therapeutic classes:
  - i. Antidepressants (e.g., amitriptyline, venlafaxine)
  - ii. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
  - iii. Anti-epileptics (e.g., topiramate, valproate)
- F. Member has documented trial and failure of a preferred injectable CGRP antagonist (Ajovy or Emgality) for migraine prevention
  - i. Documentation of clinical response as demonstrated by change in headache frequency, duration and/or severity from baseline must be provided
- G. Member is not using medication in combination with another oral CGRP antagonist, an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti), or a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)

##### B. Preventative Treatment of Chronic Migraine

An authorization for 6 months may be granted for the preventative treatment of chronic migraine when all of the following criteria are met:

- A. Member is 18 years of age or older
- B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
- C. Member is experiencing at least 15 headache days per month (tension-type-like and/or migraine-like) days per month for at least 3 months
- D. Member has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
- E. Member has documented trial and failure of a 3-month trial of any 2 prophylactic medications from the following therapeutic classes:
  - i. Antidepressants (e.g., amitriptyline, venlafaxine)
  - ii. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
  - iii. Anti-epileptics (e.g., valproate, topiramate)

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- F. Member has documented trial and failure to a minimum of 2 quarterly injections (6 months) of botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
  - i. Documentation of clinical response as demonstrated by change in headache frequency, duration and/or severity from baseline must be provided
- G. Member has documented trial and failure of a preferred injectable CGRP antagonist (Ajovy or Emgality) for migraine prevention
  - i. Documentation of clinical response as demonstrated by change in headache frequency, duration and/or severity from baseline must be provided
- H. Member is not using medication in combination with another oral CGRP antagonist (e.g., Nurtec ODT, Ubrelvy) or an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti)

## II. CONTINUATION OF THERAPY

### A. Preventative Treatment of Episodic Migraine

An authorization for 12 months may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

- A. If member has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
- B. Member is not using medication in combination with another oral CGRP antagonist (e.g., Nurtec ODT, Ubrelvy), an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti), or a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
- C. Member has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline

### B. Preventative Treatment of Chronic Migraine

An authorization for 12 months may be granted for the preventative treatment of chronic migraine when all of the following criteria are met:

- A. If member has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
- B. Member is not using medication in combination with another oral CGRP antagonist (e.g., Nurtec ODT, Ubrelvy), an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti), or a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
- C. Member has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline
  - i. If member is using medication in combination with a botulinum toxin, the member has shown a clinically meaningful incremental benefit from using both products.

## III. QUANTITY LIMIT

- Qulipta 10mg, 30mg or 60mg: one tablet per day

## IV. REFERENCES

1. Qulipta [package insert]. Madison, NJ: Allergan USA, Inc.; June 2025