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

ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST

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. Patient is 18 years of age or older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient experiences at least 4 but not more than 14 headache days per month, with disability on some days
D. Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
E. Patient 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. Patient 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. Patient 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. Patient is 18 years of age or older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient 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. Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
E. Patient 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)

F. Patient 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. Patient 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. Patient 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 patient has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient 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. Patient 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 patient has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient 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. Patient has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline
    i. If patient is using medication in combination with a botulinum toxin, the patient 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

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