



MASSACHUSETTS

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Pharmacy Medical Policy Anti-Migraine Policy

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Coding Information](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)
- [Forms](#)

Policy Number: 021

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #[621A](#)
- Botulinum Toxin Injection, #[006](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary for Migraine Prophylaxis	
Drug	Formulary Status
Aimovig™ (erenumab - aooe)	PA Required
Ajovy™ (fremanezumab - vfrm)	PA Required
Emgality™ (galcanezumab - gnln)	PA Required
Nurtec® (rimegepant)*^	Step Required
Qulipta (atogepant)	PA Required
Vyepti™ (eptinezumab-jjmr)	PA Required

*^ - This medication is FDA approved for both acute and prophylaxis.

Standard Formulary for CGRP for Acute Migraine Step Chart	
STEP 1	
almotriptan	Covered
frovatriptan	
eletriptan	
naratriptan	
rizatriptan	
sumatriptan	
sumatriptan / naproxen	
zolmitriptan	
Zolmitriptan Nasal Spray	
Zomig [®] Nasal Spray (zolmitriptan spray)	
STEP 2	
Nurtec [®] (rimegepant)	Requires prior use of two step 1 medications
Ubrelvy [™] (ubrogepant)	

Standard Formulary for Triptans for Acute Migraine Step Chart	
STEP 1	
naratriptan	Covered
rizatriptan	
sumatriptan	
STEP 2	
almotriptan	Prior use of Step 1 Required
frovatriptan	
eletriptan	
sumatriptan / naproxen	
zolmitriptan	
Zolmitriptan Nasal Spray	
Zomig [®] Nasal Spray (zolmitriptan spray)	
STEP 3	
Amerge [®] (naratriptan)	Requires prior use of one step 1 and one step 2 medication.
Axert ^{®#} (almotriptan)	
dihydroergotamine Spray	
Frova ^{®#} (frovatriptan)	
Imitrex [®] Tabs, Injection [#] , & nasal spray (sumatriptan)	
Imitrex ^{®#} statdose ^{®#} (sumatriptan)	
Maxalt ^{®#} / MLT ^{®#} (rizatriptan)	
Migranal [®] Spray	
Onzetra ^{®#} (sumatriptan)	
Relpax ^{®#} (eletriptan)	
Tosymra [™] (sumatriptan)	
Treximet ^{®#} (sumatriptan / naproxen)	
Trudhesa ^{™#} (dihydroergotamine)	

Zembrace™ Symtouch™# (sumatriptan)	
Zomig®# / ZMT®# (zolmitriptan)	

#-For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available

Prior Authorization Criteria for Migraine Prophylaxis

We may cover **Emgality™** (galcanezumab - gnlm)**, **Ajovy™** (fremanezumab - vfrm)**, **Aimovig™** (erenumab - aooe)** or **Vyepti** (eptinezumab-jjmr)** for the preventive treatment of migraine when **all** of the following criteria are met:

- Patient is ≥ 18 years of age
- AND**
- Patient has ≥ 4 migraine headache days per month (prior to initiating a migraine-preventative medication)
- AND**
- Patient has tried medications in at least **two classes** of the migraine prevention treatments [topiramate, Beta blockers (e.g. propranolol, timolol), Valproic acid and its derivatives (e.g. divalproex sodium, and tricyclic antidepressants (e.g. amitriptyline)]
- AND**
- The patient has prior use of Triptan therapy within the previous 130 days or previous treatment.

We may cover **Emgality™** (galcanezumab - gnlm)** for the preventive treatment of episodic cluster headache when **all** of the following criteria are met:

- Patient is ≥ 18 years of age
- AND**
- Patient has ≥ 5 episodic cluster headache attacks per month (prior to initiating a preventative medication)

We may cover **Qulipta™** (atogepant) for the preventive treatment of migraine when all of the following criteria are met:

- Patient is ≥ 18 years of age
- AND**
- Patient has ≥ 4 migraine headache days per month (prior to initiating a migraine-preventative medication)
- AND**
- Patient has tried medications in at least two classes of the migraine prevention treatments [topiramate, Beta blockers (e.g. propranolol, timolol), Valproic acid and its derivatives (e.g. divalproex sodium, and tricyclic antidepressants (e.g. amitriptyline)]

Note: If approved the Prior Authorization will be granted for up to one (1) year.

Step Therapy Criteria for Nurtec® for Migraine Prophylaxis and Acute Migraine Treatment

We may cover **Nurtec®** (rimegepant) for the preventive treatment of migraine when **all** of the following criteria are met:

- Patient is ≥ 18 years of age
- AND**
- Patient has ≥ 4 migraine headache days per month (prior to initiating a migraine-preventative medication)

AND

- Patient has tried medications in at least two classes of the migraine prevention treatments [topiramate, Beta blockers (e.g. propranolol, timolol), Valproic acid and its derivatives (e.g. divalproex sodium, and tricyclic antidepressants (e.g. amitriptyline)]

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

#-For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available.

Step Therapy Criteria for CGRP for Acute Migraine

We may cover the following anti-migraine medications listed in the Step chart above for new starts* in the following stepped approach i.e. **Ubrelvy** ^{TM**}, **Nurtec** ^{@**}):

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

Step 1: Formulary step 1 medications will be covered without prior authorization

Step 2: Formulary step 2 medications may be covered when one of the following criteria is met:

- There must be evidence of two different drugs in the Step 1 drug class as BCBSMA paid claims within the previous 130 days or previous treatment.

OR

- There must be evidence of a BCBSMA paid claim by the patient of a Step 2 drug within the previous 130 days or previous treatment.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

Step Therapy Criteria for Triptans for Acute Migraine

We may cover the following triptan medications listed in the Step chart above for new starts* in the following stepped approach:

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

Step 1: Formulary step 1 medications will be covered without prior authorization

Step 2: Formulary step 2 medications may be covered when one of the following criteria is met:

- There must be evidence of a BCBSMA paid claims in the Step 1 drug class within the previous 130 days or previous treatment.

OR

- There must be evidence of a BCBSMA paid claim by the patient of a Step 2 drug within the previous 130 days or previous treatment.

Step 3: Step 3[#] medications may be covered when the following criteria is met:

- There must be evidence of BCBSMA paid claims by the patient of prior use of one step 1 and one step 2 medication within the previous 130 days or previous treatment.

OR

- There must be evidence of a BCBSMA paid claim by the patient of a Step 3 drug within the previous 130 days or previous treatment. If the Medication is Not Covered/Non-formulary the drug needs to meet requirements for a Formulary Exception for continued coverage.

#-For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available.

NOTE: If a Provider submits a request and BCBSMA issues an approval for a step medication, the authorization will be granted for up to two (2) years. If the Member has claims history verifying a fill of a formulary step 1 or formulary step 2 medication within the past 130 days, and no break in coverage, then formulary step 2 medications will continue to pay at point of sale. If the Member has claims history verifying a fill of a formulary step 2 or formulary step 3 medication within the past 130 days, and no break in coverage, then formulary step 3 medications will continue to pay at point of sale. Non-formulary (not covered) medications within a step policy will not have any automation and a paper, electronic or phone call is required.

****Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.**

We do not cover the medications listed above for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For example, oral CGRP's for acute use in a patient with Cardiovascular diagnosis or the member has a contraindication to lower step medications. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department

25 Technology Place
 Hingham, MA 02043
 Tel: 1-800-366-7778
 Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO	Prior authorization is required .

Policy History

Date	Action
7/2022	Clarified Step requirements and clarify previous treatment for applicable medications.
1/2022	Updated to add dihydroergotamine 4mg/mL spray and Migranal 4mg/mL spray to step 3 of the Triptans for Acute Migraine table and to add Qulipta to the policy.
11/2021	Updated to include Coverage for Nurtec ODT for Prevention and Trudhesa™ to the policy.
4/2021	Updated to add a single sourced branded Zolmitriptan Nasal Spray to Step 1 in CGRP table and Step 2 in Triptans table.
1/1/2021	Updated to add Onzetra®, Tosymra™, and Zembrace™ Symtouch™ to step 3 of the triptan step.
10/2020	Updated to add a third step to the Acute treatment section and update the policy title.
6/2020	Updated to add Step part for Ubrelvy™ & Nurtec™ and to add Vyepti™ to the prophylaxis CGRP criteria.
4/2020	Clarified list of preventive medications and added Ajovy to formulary.
10/2019	Clarified criteria for cluster headache.
7/2019	Updated to add new cluster headache indication for Emgality.
12/2018	New policy describing coverage indications for Aimovig, Ajovy and Emgality. 12/2018.

References

1. AIMOVIG™ [package insert]. Thousand Oaks, CA: Amgen, Inc.: 5/2018.
2. AJOVY™ [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.: 7/2018.
3. EMGALITY™ [package insert]. Indianapolis, IN: Eli Lilly and Company: 9/2018.
4. Ubrelvy™ [package insert]. Madison, NJ Allergan USA, Inc.: 12/2019.
5. Nurtec™ [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc.: 2/2020.
6. Vyepti™ [package insert]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.: 2/2020.
7. Amerge® [package insert]. Research Triangle Park, NC: GlaxoSmithKline: 12/2016.
8. Axert® [package insert]. Titusville, NJ: Ortho-McNeil Neurologic: 10/2012.
9. Frova® [package insert]. Malvern, PA: Endo Pharmaceuticals Inc.: 8/2018.
10. Imitrex® [package insert]. Research Triangle Park, NC: GlaxoSmithKline: 8/2019.

11. Maxalt® [package insert]. Whitehouse Station, NJ: MERCK & CO., INC: 10/2019.
12. Relpax® [package insert]. NY, NY: Roerig: 5/2020.
13. Treximet® [package insert]. Morristown, NJ: Currax™ Pharmaceuticals LLC: 8/2019.
14. Zomig® [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC: 5/2019.
15. Onzetra® [package insert]. Aliso Viejo: Avanir Pharmaceuticals, Inc: 1/2020.
16. Tosymra™ [package insert]. Princeton, NJ: Promius Pharma, LLC: 1/2019.
17. Zembrace™ Symtouch™ [package insert]. Princeton, NJ: Promius Pharma, LLC: 6/2019.
18. Trudhesa™ [package insert]. Seattle, WA: Impel NeuroPharma Inc: 9/2021.
19. Migranal® [package insert]. Bridgewater, NJ: Bausch Health US, LLC: 7/2019
20. Qulipta™ [package insert]. Dublin, Ireland: Forest Laboratories Ireland Ltd.: 10/2021

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>