Anti migraine - Calcitonin gene related peptide (CGRP) inhibitors drugs

Adjudication Guideline

Rule Category: Pharmaceutical	**Ref: No:** 2024-PH-43	**Version Control:** Version No. V1.0	**Effective Date:** 17/04/2025	**Revision Date:** 15/03/2025
Approved by: Daman	**Responsible:** Pharmacy standards & Governance	**Related Adjudication Guidelines:** Galcanezumab		

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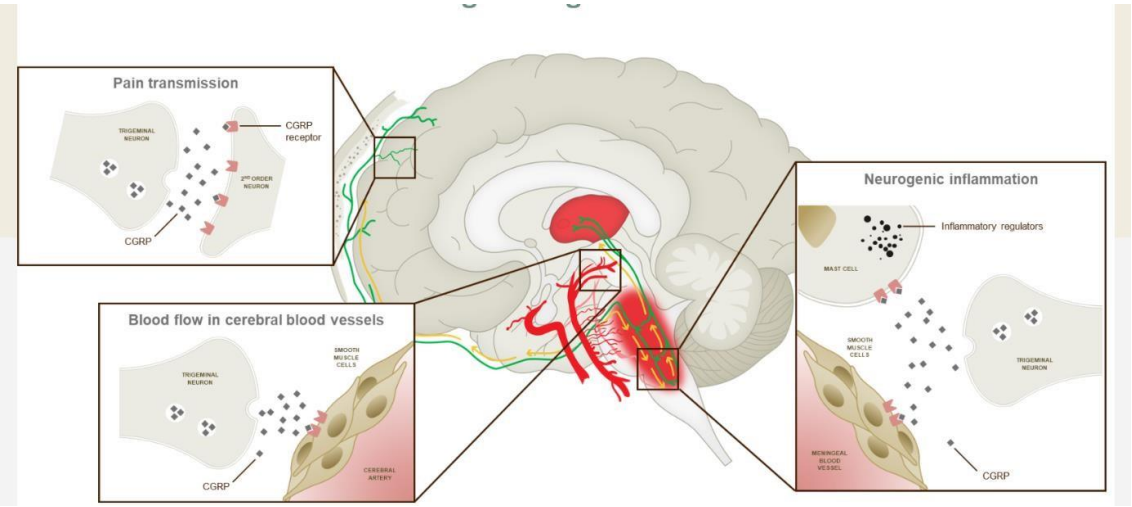
1. Abstract

1.1 For Members

CGRP (Calcitonin Gene-Related Peptide) inhibitors are a class of medications primarily used for the treatment of migraine.

1.2 For Medical Professionals

CGRP (Calcitonin Gene-Related Peptide) inhibitors are primarily used for the treatment of migraines. CGRP is a neuropeptide that plays a significant role in the pathophysiology of migraine by promoting vasodilation, increasing the release of inflammatory mediators, and contributing to the transmission of pain signals. CGRP inhibitors are monoclonal antibodies designed to specifically target and neutralize this peptide, thereby reducing the frequency and severity of migraine attacks.



Migraine Classification

Migraines can be classified into two main types:

1. Episodic Migraine: Defined as experiencing fewer than 15 headache days per month.
2. Chronic Migraine: Defined as experiencing 15 or more headache days per month for at least three months, with at least 8 of those days meeting the criteria for migraine.

CGRP inhibitors (medication) are classified into 2 types:

1. **Monoclonal Antibodies**

   Mechanism of Action: Gepants are small molecule antagonists that directly block the action of CGRP. By inhibiting CGRP receptors, they prevent the signaling pathway that leads to migraine attacks.

   Administration: These medications are usually administered via subcutaneous injection or intravenous infusion.

Use: CGRP inhibitors are primarily used for the prevention of migraine attacks rather than for acute treatment.

- **Galcanezumab**
- **Eptinezumab**
- **Fremanezumab**
- **Erenumab**

2. CGRP receptor antagonists (Gepants)

Mechanism of Action: CGRP inhibitors are larger molecules, typically monoclonal antibodies, that either bind to CGRP itself or its receptor, thereby preventing CGRP from promoting migraine-related effects.

Administration: Gepants are typically taken orally.

Use: Gepants can be used for both the acute treatment of migraine attacks and, in some cases, for pre**vention**.

- **Ubrogepant**
- **Rimegepant sulfate**
- **Atogepant**
- **Zavegepant**

2. Scope

The scope of this adjudication rule highlights the medical indications and coverage requirements of anti-migraine treatment with Calcitonin gene-related peptide (CGRP) Inhibitors for all health insurance plans administered by Daman as per policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Indications, Dosage and Administration

Medication	Indications	Recommended Dose	Route of Administration
Erenumab	Preventive treatment of episodic and chronic migraine	70 mg or 140 mg Once monthly	Subcutaneous
Fremanezumab	Preventive treatment of episodic and chronic migraine	225 mg monthly, or 675 mg every 3 months	Subcutaneous
Galcanezumab	Preventive treatment of episodic and chronic migraine	240 mg (two consecutive subcutaneous injections of 120 mg each) once as a loading dose, followed by monthly doses of 120 mg injected subcutaneously	Subcutaneous
Eptinezumab	Preventive treatment of episodic and chronic migraine	Recommended dosage is 100 mg as an intravenous infusion over approximately 30 minutes every 3 months. Some patients may benefit from a dosage of 300 mg	Intravenous
Rimegepant	Acute treatment of migraine and preventive treatment of episodic migraine	- For acute treatment of migraine: 75 mg taken orally, as needed. - For preventive treatment of episodic migraine: 75 mg taken orally every other day.	Oral
Ubrogepant	Acute treatment of migraine **Not** used as preventive	50 mg or 100 mg orally, may repeat after 2 hours (max 200 mg in 24 hours)	Oral
Atogepant	Preventive treatment of episodic migraine	- For episodic migraine, the recommended dosage is 10 mg, 30 mg, or 60 mg taken once daily. For chronic migraine, the recommended dosage is 60 mg taken once daily.	Oral
Zavegepant	Acute treatment of migraine **Not** used as preventive	The maximum dose in a 24-hour period is 10 mg	Nasal spray

Diagnostic Criteria :

A. At least 5 attacks fulfilling criteria B-D

B. Attacks lasting 4 to 72 hours

- Duration: The headache should last more than 4 hours and less than 72 hours

C. Characteristic features

- Headache Quality: **At least two of the following**:
    - Unilateral location (affecting one side of the head)
    - Pulsating quality (throbbing or drilling sensation)
    - Moderate to severe intensity (interferes with daily activities)
    - Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs)

D. Accompanying symptoms

- At least one of the following during the headache:
  o Nausea and/or vomiting
  Photophobia (sensitivity to light) and phonophobia (sensitivity to sound)

E. Not attributable to another disorder

- The headache is not better accounted for by another diagnosis (i.e., it should not be due to another primary headache disorder or secondary cause).

Documentation requirements:

Diagnosis Confirmation- Number of episodes per month

- Episodic Migraine: Patients experiencing less than 15 migraine days per month.
- Chronic Migraine: Patients experiencing 15 or more headache days per month, with at least 8 of those fulfilling the criteria for migraine.

Response report

- Documentation of beneficial response (for example, reduction in monthly migraine days or hours or reduction in days

Previous Treatment Attempts

- Failure or contraindicated of at least two different classes of oral preventive treatments, which may include but are not limited to: Beta-blockers, Anticonvulsants and Antidepressants
- Previous treatments must have been attempted for a sufficient duration **(8 weeks)** to assess their efficacy.
- Consideration of adverse reactions or contraindications to prior medications.

Additional documents

- Confirmation of ICHD-3 Classification criteria fulfilled

Discontinuation criteria:

- Patients with a known hypersensitivity to the active substance in CGRP inhibitors or any components of the formulation.

- Contraindications reflected in product labeling or based on clinical judgment.

Reassessment criteria:

- The patient is currently taking a CGRP medication and has been taking it for at least 3-6 months and has been effective in reducing the frequency or severity of their migraines

  - Chronic Migraine
    The frequency of headache days showing reduction by at least 30% compared to baseline

  - Episodic Migraine
    The frequency or severity has decreased by at least 50% compared to baseline.

For Dose Continuation if the patient does not meet the reassessment criteria a justification will be required .

3.2 Requirements for Coverage

•Kindly code the ICD-10 and the CPT codes to the highest level of specificity

- **Eligible clinician specialities**

Treatment Type	Clinician Specialties
Abortive Treatment	Family Medicine, Internal Medicine, Neurology, Neurosurgery
Preventive Treatment	Neurology, Internal Medicine, Neurosurgery

Red flags:

- Gepants medications are prescribed for acute migraine attacks only when the patient had a clear diagnosis of migraine and had not responded to initial treatments with other medications.
- Switching to an alternative CGRP-based therapy should only be considered for individuals with migraines who had an inadequate response to initial CGRP treatment, with each case evaluated individually through an appeal process.
- CGRP inhibitors are typically used independently for the prevention of migraine and no standardized guideline explicitly recommending the combination of oral and subcutaneous (CGRP)inhibitors drugs.
- CGRP-based therapies should not be used in pregnant women, nursing mothers, or those planning to conceive, and are to be used cautiously in patients with vascular diseases or cardiac risk factors after thorough cardiovascular assessment.
- Age should be taken into account when prescribing CGRP inhibitors, following specific guidelines that recommended appropriate age limits for certain CGRP therapies.
- Patients should be regularly monitored for efficacy and adverse effects, and treatment plans should be adjusted based on patient response and emerging clinical evidence.
- CGRP-based therapies will only be considered as a first-line therapy for migraine prophylaxis, with decisions made on a case-by-case basis through an appeal process.
- CGRP inhibitors should not be considered as first line therapy for abortive(Acute) treatment
- In Emergency encounters, there are more appropriate and effective treatments available to address acute symptoms, making CGRP therapy a less relevant option during this encounter.

3.3 Non-Coverage

- Not covered for visitor plan
- Age less than 18 years

3.4 Payment and Coding Rules

- Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Code	Code Description
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender
AUTH-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

- American Headache Society (AHS) Guidelines
- https://ichd-3.org/definition-of-terms/
- Acute Treatment of Migraine: Expert Consensus Statements from the United Arab Emirates (UAE) https://doi.org/10.1007/s40120-023-00550-0
- Consensus-Based Recommendations on the Use of CGRP-Based Therapies for Migraine Prevention in the UAE https://doi.org/10.1007/s40120-023-00550-0
- https://www.nice.org.uk/guidance/ta659
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- https://www.reliasmedia.com/articles/149128-cgrp-antagonists-what-is-their-role-in-headachetherapy
- https://www.bucksformulary.nhs.uk/docs/Guideline_525FM.pdf?UNLID=620369832022219725 43

5.2 Revision History

Date	Version No.	Change(s)
	V1.0	Release of V1.0

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