

Generic Name: N/A

Therapeutic or Brand Name: Calcitonin Gene-Related Peptide (CGRP) Inhibitors

Applicable Drugs (if Therapeutic Class):

Aimovig™ (Erenumab-aooe), Ajoovy™ (fremanezumab-vfrm), Emgality™ (galcanezumab-gnlm)

GPI Code: 6770202010, 6770203020.

6770203530

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/31/2018

Date Last Reviewed / Revised: 10/2/2018

PRIOR AUTHORIZATION CRITERIA

(may be considered medically necessary when criteria I through IV are met)

- I. Patient has documented diagnosis of episodic migraine headaches (4-14 migraine days per month) or chronic migraines (15 or more headache days per month with at least 8 migraine days per month).
- II. Documentation of functional impairment due to episodic or chronic migraines (eg, severe pain, missed days at school or work, impaired activities of daily living).
- III. Documentation that patient has tried and failed or cannot tolerate ALL of the medication options A through C below for prevention of episodic or chronic migraine headaches:
 - A. Divalproex Sodium or Topiramate
 - B. Metoprolol or propranolol
 - C. Venlafaxine or Amitriptyline
- IV. Documentation that evaluation has been performed demonstrating patient does not suffer from rebound headaches due to medication overuse (medication overuse headache, or MOH).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Aimovig™ : One pack of ONE 70mg auto-injector pen OR one pack of TWO 70mg auto-injector pens per 30 days.
- Ajovy™: One 225mg prefilled syringe per 30 days OR three 225mg prefilled syringes (total 675mg) per 90 days.
- Emgality™: lone-time initial fill of TWO 120mg auto-injector pens followed by ONE 120mg auto-injector pen per 30 days thereafter

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment, including at least a 50% improvement in functional impairment and headache severity from baseline (as measured by a reduction in the need for acute abortive therapies or care, missed days at work or school, and increase in ability to perform activities of daily living compared to baseline).

APPENDIX

N/A

REFERENCES

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761077s000lbl.pdf .
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761089s000lbl.pdf .
3. <http://pi.lilly.com/us/emgality-uspi.pdf> .
4. <https://americanheadachesociety.org/news/new-guidelines-treatments-can-help-prevent-migraine-2/> .
5. <https://www.aan.com/Guidelines/home/GetGuidelineContent/545> .
6. https://americanheadachesociety.org/wp-content/uploads/2016/06/Chronic_Migraine_-_February_2013.pdf .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
10/2/2018	Updated Aimovig Medication policy dated 5/31/2018 to include new CGRP agents, Ajovy and Emgality recently approved by FDA. Policy title updated from "Aimovig" to "CGRP inhibitors".