

**Aimovig (erenumab-aooe)  
 Ajovy (fremanezumab-vfrm)  
 Emgality (glacanezumab-gnlm)  
 Vyepti (eptinezumab-jjmr)  
 Effective January 1, 2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Aimovig, Ajovy, Emgality and Vyepti are calcitonin gene-related peptide receptor (CGRP) antagonists indicated for the prophylactic treatment of migraines in adults and episodic cluster headaches (**Emgality only**). Aimovig, Ajovy and Emgality are subcutaneous injections. Vyepti is an IV infusion and is covered on the medical benefit only.

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

**OR**

Authorization may be granted when one of the following criteria is met:

**Prophylactic Treatment of Migraines**

Authorizations may be granted for the prophylactic treatment of migraines when the following criteria are met:

1. The member is ≥ 18 years of age **AND**
2. Prescriber is a neurologist or headache specialist, or the prescription is being written for the member in consultation with a neurologist or headache specialist.
3. The member has been experiencing at least 4 migraine days per month **AND**



4. The member has had an inadequate response to a trial of at least three different prophylactic migraine medications each with different mechanisms of action (a total of 3 required trials) that have each been tried for at least 60 days in duration within the past 3 years. Both trials must be from Level A or Level B categories within the American Academy of Neurology Guidelines (AAN) (see Appendix A) **AND**
5. The member has not been treated with Botox for migraines within the past 4 months **AND**
6. The member is not currently using any other CGRP or Botox for the treatment of migraines **AND**
7. **For Emgality only**, the member has had an inadequate response or adverse reaction to both Aimovig **AND** Ajovy.

Note: triptans will not be considered as prophylactic options

### **Episodic Cluster Headaches**

Authorization for Emgality for the treatment of episodic cluster headaches may be granted when the following criteria are met:

1. The member is  $\geq 18$  years of age **AND**
2. Prescriber is a neurologist or headache specialist, or the prescription is being written for the member in consultation with a neurologist or headache specialist **AND**
3. The member has experienced at least 5 episodes of cluster headaches within the past 12 months **AND**
4. The member has had an inadequate response to a trial of injectable sumatriptan or intranasal sumatriptan or intranasal zolmitriptan

### **Continuation of Therapy**

Reauthorizations may be approved when physician assessment is submitted documenting improvement as evidenced by a decrease in frequency and severity of migraines or cluster headaches.

### **Limitations**

1. Initial approvals will be granted for to 3 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply

Aimovig 70mg/mL	1 pen per 30 days
Aimovig 140mg/mL (2x70mg/ml) pen pack	1 pack (2 pens) per 30 days
Ajovy 225mg/1.5mL pre-filled syringe and Ajovy 225mg/1.5mL autoinjector	1 pen per 30 days or 3 pens (675mg) every 90 days
Emaglity	<u>Migraines</u> 2 pens (240mg) for initial month, then 1 pen per 30 days  <u>Cluster headaches</u> Loading dose: 3x100mg (3 consecutive doses) Maintenance dose: 300mg every 4 weeks
Vypeti 100mg/mL	<u>100mg (1mL) every 3 months</u>

### **Appendix**

#### AAN Medication Guideline Recommendations for Migraine Prevention

1. **Level A.:** The following medications are established as effective and should be offered for migraine prevention.
  - Antiepileptic drugs (AEDs): divalproex sodium, sodium valproate, topiramate
  - Beta-blockers: metoprolol, propranolol, timolol
2. **Level B.** The following medications are probably effective and should be considered for migraine prevention:
  - Antidepressants: amitriptyline
  - Antidepressants: venlafaxine
  - Beta-blockers: atenolol, nadolol

## References

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2. Ajovy (fremanezumab-vfrm) [prescribing information]. North Wales, PA: Teva Pharmaceuticals; September 2018
3. Emgality (galcanezumab-gnlm) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; June 2019
4. Vyepti (eptinezumab) [prescribing information]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals Inc; February 2020
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### **Review History**

04/17/2019 – Reviewed

07/01/2019 – Implemented

09/18/2019 - Added cluster headaches indication to Emgality

07/22/2020 – added new formulation of Ajovy autoinjector to criteria. Effective 8/1/20

11/18/2020- Added new drug Vyepti to criteria. Effective 1/1/2021; separated out MH vs. Comm/Exch.

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