Aimovig (erenumab-aooe)  
Ajovy (fremanezumab-vfrm)  
Emgality (galcanezumab-gnlm)  

Effective 12/1/2019

<table>
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<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
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<td>☑ Prior Authorization</td>
<td>☑ Pharmacy Benefit</td>
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<tr>
<td>Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
<td>☐ Medical Benefit (NLX)</td>
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<tr>
<th>Specialty Limitations</th>
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| Specialty Medications          |                      | Non-Specialty Medications                   |                      |
| All Plans                      | Phone: 866-814-5506  | MassHealth                                  | Phone: 877-433-7643  |
|                                | Fax: 866-249-6155    | Commercial                                  | Fax: 866-255-7569    |
|                                |                      | Exchange                                    | Fax: 888-836-0730    |
|                                |                      |                                            | Fax: 855-245-2134    |
| Medical Specialty Medications  |                      | Medical Specialty Medications (NLX)         |                      |
| All Plans                      | Phone: 844-345-2803  | Phone: 844-345-2803                         | Fax: 844-851-0882    |

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<th>Exceptions</th>
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Overview
Aimovig, Ajovy, Emgality are calcitonin gene-related peptide receptor (CGRP) antagonists indicated for the prophylactic treatment of migraines in adults and episodic cluster headaches (Emgality only)

Coverage Guidelines

Prophylactic Treatment of Migraines

Authorization 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

Specialty Medications

All Plans: Phone: 866-814-5506, Fax: 866-249-6155

Non-Specialty Medications

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

Medical Specialty Medications (NLX)

All Plans: Phone: 844-345-2803, Fax: 844-851-0882
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 ≥ 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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Initial</th>
<th>Reauthorization</th>
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<tbody>
<tr>
<td>Aimovig 70mg/ml</td>
<td>1 pen per 30 days</td>
<td>1 pack (2 pens) per 30 days</td>
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<tr>
<td>Aimovig 140mg/ml (2x70mg/ml) pen pack</td>
<td>1 pack (2 pens) per 30 days</td>
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</tr>
<tr>
<td>Ajovy 225mg/1.5ml</td>
<td>1 pen per 30 days or 3 pens (675mg) every 90 days</td>
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<tr>
<td>Emaglity</td>
<td>Migraines 2 pens (240mg) for initial month, then 1 pen per 30 days</td>
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<td>Cluster headaches 3x100mg (3 consecutive doses)</td>
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<td>Maintenance dose: 300mg every 4 weeks</td>
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**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
1. Aimovig (erenumab-aooe) [prescribing information]. Thousand Oaks, CA: Amgen Inc; March 2019
2. Ajovy (fremanezumab-vfmf) [prescribing information]. North Wales, PA: Teva Pharmaceuticals; September 2018
3. Emgality (galcanezumab-gnlm) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; June 2019
5. Botox (OnabotulinumtoxinA) [prescribing information]. Irvine, CA: Allergan; May 2011
6. Clusig (ponatinib) [prescribing information]. Cambridge, MA: Ariad Pharmaceuticals Inc; October 2018

Review History
04/17/19 – Reviewed
07/01/19 – Implemented
09/18/19 - Added cluster headaches indication to Emgality

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