Aimovig (erenumab-aooe)  
Ajovy (fremanezumab-vfrm)  
Emgality (gliacanenzumab-gnlm)  
Vyepti (eptinezumab-jjmr)  
Effective 01/01/2022

### Plan
☐ MassHealth  
☒ Commercial/Exchange

### Program Type
☒ Prior Authorization  
☐ Quantity Limit  
☐ Step Therapy

### Benefit
☒ Pharmacy Benefit  
☒ Medical Benefit (NLX)

### Specialty Limitations
N/A

### Contact Information

#### Specialty Medications
<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone</th>
<th>Fax</th>
</tr>
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<tbody>
<tr>
<td>All Plans</td>
<td>866-814-5506</td>
<td>866-249-6155</td>
</tr>
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#### Non-Specialty Medications
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<tr>
<th>Plan</th>
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<tbody>
<tr>
<td>MassHealth</td>
<td>877-433-7643</td>
<td>866-255-7569</td>
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<tr>
<td>Commercial</td>
<td>800-294-5979</td>
<td>888-836-0730</td>
</tr>
<tr>
<td>Exchange</td>
<td>855-582-2022</td>
<td>855-245-2134</td>
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#### Medical Specialty Medications (NLX)
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<tbody>
<tr>
<td>All Plans</td>
<td>844-345-2803</td>
<td>844-851-0882</td>
</tr>
</tbody>
</table>

### Exceptions
Vyepti is only available through Medical Benefit (MB). All other products are only available on the Pharmacy Benefit (PB).

### 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 Aimovig only, the member has had an inadequate response or adverse reaction to both Emgality 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>Limitation</th>
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<tbody>
<tr>
<td>Aimovig 70mg/mL</td>
<td>1 pen per 30 days</td>
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<tr>
<td>Aimovig 140mg/mL</td>
<td>1 pen per 30 days</td>
</tr>
<tr>
<td>Ajovy 225mg/1.5mL</td>
<td>1 pen per 30 days or 3 pens (675mg) every 90 days</td>
</tr>
<tr>
<td>Ajovy autoinjector</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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<tr>
<td></td>
<td>Cluster headaches Loading dose: 3x100mg (3 consecutive doses)</td>
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<tr>
<td></td>
<td>Maintenance dose: 300mg every 4 weeks</td>
</tr>
<tr>
<td>Vypeti 100mg/mL</td>
<td>100mg (1mL) every 3 months</td>
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</tbody>
</table>

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.

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2. **Level B.** The following medications are probably effective and should be considered for migraine prevention:

- **Antiepileptic drugs (AEDs):** divalproex sodium, sodium valproate, topiramate
- **Beta-blockers:** metoprolol, propranolol, timolol

References

1. Aimovig (erenumab-aooe) [prescribing information]. Thousand Oaks, CA: Amgen Inc; March 2019
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
6. Botox (OnabotulinumtoxinA) [prescribing information]. Irvine, CA: Allergan; May 2011
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
03/17/2021 – removed Aimovig 70mg as dose was discontinued. Effective 06/01/2021.
11/17/2021 – Reviewed and Updated; Criteria updated to Ajovy and Emgality and preferred products.
Effective Date: 1/1/2022

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