

**Aimovig (erenumab-aooe)
 Ajovy (fremanezumab-vfrm)
 Emgality (glacanezumab-gnlm)
 Vyepti (eptinezumab-jjmr)
 Effective 04/01/2022**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	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
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 is not currently using any other CGRP for the treatment of migraines **AND**
6. **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

Aimovig 70mg/mL	1 pen per 30 days
Aimovig 140mg/mL	1 pen 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

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- 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. Ajoovy (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
5. Tepper SJ. History and review of anti-calcitonin gene-related peptide (CGRP) therapies: from translational research to treatment. *Headache*. 2018;58(suppl 3):238-275. doi: 10.1111/head.13379
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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 Ajoovy autoinjector to criteria. Effective 8/1/20

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

03/17/2021 – removed Aimovig 70mg as dose was discontinued. Effective 06/01/2021.

11/17/2021 – Reviewed and Updated; Criteria updated to Ajoovy and Emgality as preferred products.

Effective Date: 1/1/2022

01/19/2022 – Reviewed and Updated for Jan P&T; removed “The member has not been treated with Botox for migraines within the past 4 months” and “The member is not currently using Botox for the treatment of migraines”. Effective 04/01/22.

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