Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for CGRP receptor antagonist injectable IV infusion under the patient's prescription drug benefit.

Description:

Aimovig
Aimovig is indicated for the preventive treatment of migraine in adults

Ajovy
Ajovy is indicated for:
- the preventive treatment of migraine in adults
- the preventive treatment of episodic migraine in pediatric patients who are 6 to 17 years of age who weigh 45 kg or more

Emgality
Migraine
Emgality is indicated for the preventive treatment of migraine in adults

Cluster Headache
Emgality is indicated for the treatment of episodic cluster headache in adults

Vyepti
Vyepti is indicated for the preventive treatment of migraine in adults.

Applicable Drug List:

Preferred Agent:
Emgality 120mg

Non-Preferred Agents:
Aimovig
Ajovy
Vyepti
Emgality 100mg

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

Preventive Treatment of Migraine
Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

- The request is for Aimovig, Ajovy, Emgality 120 mg, or Vyepti
- The patient has NOT received at least 3 months of treatment with the requested drug
- Requests for Aimovig, Ajovy, and Vyepti require that the patient is unable to take Emgality 120mg, the preferred product for the given diagnosis, due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Episodic Cluster Headache
Authorization may be granted when the requested drug is being prescribed for the treatment of episodic cluster headache in an adult patient when ALL of the following criteria are met:

- The request is for Emgality 100 mg
- The patient has NOT received at least 3 weeks treatment with the requested drug
- The patient meets ONE of the following:
  - The patient experienced an inadequate treatment response to sumatriptan (nasal or subcutaneous) OR zolmitriptan (nasal or oral)
  - The patient experienced an intolerance to, or the patient has a contraindication to sumatriptan (nasal or subcutaneous) OR zolmitriptan (nasal or oral)

Preventive Treatment of Episodic Migraine
Authorization may be granted when the requested drug is being prescribed for the preventive treatment of episodic migraine when ALL of the following criteria are met:

- The request is for Ajovy.
- The patient is 6 to 17 years of age.
- The patient weighs 45 kilograms or more.
- The patient has NOT received at least 3 months of treatment with the requested drug

Continuation of Therapy:

Preventive Treatment of Migraine
Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

- The request is for Aimovig, Ajovy, Emgality 120 mg, or Vyepti

- The patient has received at least 3 months of treatment with the requested drug
- The patient had a reduction in migraine days per month from baseline

Episodic Cluster Headache
Authorization may be granted when the requested drug is being prescribed for the treatment of episodic cluster headaches in an adult patient when ALL of the following criteria are met:

- The request is for Emgality 100 mg
- The patient has received at least 3 weeks of treatment with the requested drug
- The patient had a reduction in weekly cluster headache attack frequency from baseline

Preventive Treatment of Episodic Migraine
Authorization may be granted when the requested drug is being prescribed for the preventive treatment of episodic migraine when ALL of the following criteria are met:

- The request is for Ajovy.
- The patient is 6 to 17 years of age.
- The patient weighs 45 kilograms or more.
- The patient has received at least 3 months of treatment with the requested drug.
- The patient had a reduction in migraine days per month from baseline.

Approval Duration and Quantity Restrictions:

Approval:

- Aimovig, Ajovy, Emgality 120 mg, Vyepti (Migraine Prevention): Initial therapy: 3 months; Continuation of therapy: 12 months
- Emgality 100 mg (Cluster Headache): Initial therapy: 1 month; Continuation of therapy: 12 months
- Ajovy (Episodic Migraine Prevention): Initial therapy: 3 months; Continuation of therapy: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

Migraine

Emgality 120mg Loading Dose: Patient has NOT filled a prescription in the past 180 days).	2 mL (2 syringes or pens x 1 mL each) / 28 days
Emgality 120mg Maintenance Dose: Patient has filled a prescription in the past 180 days).	1 mL (1 syringe or pen x 1 mL each) / 28 days

Vyepti	3 mL (3 single dose vials x 1 mL each) / 90 days
Ajovy	4.5 mL (3 autoinjectors or syringes x 1.5 mL each) / 90 days
Aimovig	1 mL (1 autoinjector) / 30 days

Cluster Headache:

Emgality 100mg	3 mL (3 syringes x 1 mL each) / 30 days

Episodic Migraine:

Ajovy	1.5 mL (1 autoinjector or syringe x 1.5 mL each) / 30 days

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