

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS
INJECTABLE, INTRAVENOUS INFUSION

BRAND NAME
(generic)

AIMOVIG
(erenumab-aooe injection)

AJOVY
(fremanezumab-vfrm injection)

EMGALITY
(galcanezumab-gnlm injection)

VYEPTI
(eptinezumab-jjmr injection, for intravenous use)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Aimovig

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

Ajovy

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

Emgality

Migraine

Emgality is indicated for the preventive treatment of migraine in adults

Cluster Headache

Emgality is indicated for the treatment of episodic cluster headaches in adults

Vyepti

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

COVERAGE CRITERIA

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

- The requested drug is being prescribed for the preventive treatment of migraine in an adult patient

AND

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

OR

- The patient experienced an inadequate treatment response with an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

OR

- The patient experienced an intolerance or has a contraindication that would prohibit an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

AND

- The requested drug will not be used concurrently with another injectable CGRP receptor antagonist

AND

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

OR

- The request is for Emgality 100mg for treatment of episodic cluster headaches in adults

AND

- The patient received at least 3 weeks treatment with the requested drug and had a reduction in weekly cluster headache attack frequency from baseline

OR

- The patient experienced an inadequate treatment response to any of the following: A) sumatriptan (subcutaneous or nasal), B) zolmitriptan (nasal or oral)

OR

- The patient experienced an intolerance or contraindication to any of the following: A) sumatriptan (subcutaneous or nasal), B) zolmitriptan (nasal or oral)

AND

- The requested drug will not be used concurrently with another injectable CGRP receptor antagonist

Quantity limits apply.

POST LIMIT QUANTITY		
Migraine:		
Drug	1 Month Limit*	3 Month Limit*
Aimovig 70mg (erenumab-aooe injection)	2mL (2 autoinjectors or syringes x 1mL each) / 25 days	6mL (6 autoinjectors or syringes x 1mL each) / 75 days
Aimovig 140mg (erenumab-aooe injection)	1mL (1 autoinjector or syringe x 1mL each) / 25 days	3mL (3 autoinjectors or syringes x 1mL each) / 75 days
Ajovy 225mg (fremanezumab-vfrm injection)	4.5mL (3 autoinjectors or syringes x 1.5 mL each) / 75 days	4.5mL (3 autoinjectors or syringes x 1.5 mL each) / 75 days
Emgality 120mg (galcanezumab-gnlm injection)	1mL (1 syringe or pen x 1mL each) / 25 days	3mL (3 syringes or pens x 1mL each) / 75 days
Vyepti 100mg (eptinezumab-jjmr injection, for intravenous use)	3mL (3 single dose vials x 1mL each) / 75 days	3mL (3 single dose vials x 1mL each) / 75 days
Cluster Headache:		
Drug	1 Month Limit*	3 Month Limit*
Emgality 100mg (galcanezumab-gnlm injection)	3mL (3 syringes x 1mL each) / 25 days	9mL (9 syringes x 1mL each) / 75 days
<i>*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.</i>		

REFERENCES

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