

CGRP Inhibitors: Ajovy (Fremanezumab-vfrm) and Emgality (galcanezumab-gnlm)

Migraine Coverage Criteria:

1. Patient is diagnosed with chronic migraine or episodic migraine not related to a similar diagnosis (such as cluster headaches, TMD, rebound headache, etc.); and,
2. Patient is:
 - a. For Emgality: ≥ 18 years of age; or,
 - b. For Ajovy: ≥ 18 years of age or between 6 to 17 years old and weigh ≥ 45 kg (99 lbs); and,
3. Patient is experiencing **at least 4 migraine days per month over at least 3 consecutive months**; and,
4. Patient has tried and failed **at least two preventative drug therapies**, meeting the following criteria:
 - a. Therapies must include **at least two of the following four drug categories**: beta blocker, calcium channel blocker, anticonvulsant or antidepressant; **and**,
 - b. Failure of each therapy is defined as at least 12 weeks of treatment; **and**,
 - i. Less than a 50% reduction in migraines from baseline; **or**,
 - ii. At least 1 migraine exacerbation requiring emergency room treatment or hospitalization while on therapy; and,
5. Ajovy and Emgality are not used in combination with botulinum toxin; and,
6. Prescribed within the FDA approved dosing regimen.

Episodic Cluster Headache Coverage Criteria (Emgality Only):

1. Patient is diagnosed with episodic cluster headaches; and,
2. Patient is ≥ 18 years of age; and,
3. Patient has tried at least two other prophylaxis agents (ex. verapamil, valproate, lithium or topiramate) for a period of 4 weeks without reduction in cluster headache attack frequency; and,
4. Patient is experiencing cluster headache flare up with symptoms lasting at least 4 weeks despite adherence to the prophylaxis agents listed above; and,
5. The medication is not used in combination with botulinum toxin; and,
6. Prescribed within the FDA approved dosing regimen.

Coverage Duration:

Initial authorization will be provided for 6 months

Reauthorization will be provided for 12 months

Other Criteria:

The provision of pharmaceutical samples (from the prescriber or manufacturer assistance/free trial programs) does not guarantee coverage. All criteria must be met in order to obtain coverage. In addition, the use of pharmaceutical samples will not be considered when evaluating the member's medical condition or prior prescription history for medications.

**Renewal Criteria:**

Re-authorization will be provided for 12 months for patients who continue to meet criteria 1, 2, 5, and 6. In addition, approval requires medical documentation demonstrating a positive effect from the medication. For migraines: positive effect is defined as a reduction of at least 2 migraine days per month from baseline. For cluster headaches: positive effect is defined as a reduction in duration or frequency of cluster headache flare ups or attacks.