Aimovig, Ajovy and Emgality 120 mg are calcitonin gene-related peptide (CGRP) receptor antagonists indicated for the preventive treatment of migraine in adults. The 100 mg strength of Emgality is indicated for the treatment of episodic cluster headache in adults.

2. **Coverage Criteria:**

   A. **Episodic Migraines**

      1. **Initial Therapy**

         a. **Aimovig, Ajovy or Emgality 120 mg** will be approved based upon **all** of the following criteria:

            (1) Diagnosis of episodic migraines with **both** of the following:

               (a) Less than 15 headache days per month
               (b) Patient has 4 to 14 migraine days per month

               -AND-

            (2) Medication will not be used in combination with another CGRP antagonist or inhibitor.

               **Authorization will be issued for 3 months**

      2. **Reauthorization**

         a. **Aimovig, Ajovy or Emgality 120 mg** will be approved based on **both** of the following criteria:

             (1) Patient has experienced a positive response to therapy, demonstrated by a reduction in headache frequency and/or intensity
(2) Medication will not be used in combination with another CGRP antagonist or inhibitor

Authorization will be issued for 12 months

B. Chronic Migraines

1. Initial Therapy

   a. Aimovig, Ajovy or Emgality 120 mg will be approved based upon all of the following criteria:

      (1) Diagnosis of chronic migraines with both of the following:

          (a) Greater than or equal to 15 headache days per month
          (b) Greater than or equal to 8 migraine days per month

      -AND-

      (2) Medication will not be used in combination with another CGRP antagonist or inhibitor

   Authorization will be issued for 3 months

2. Reauthorization

   a. Aimovig, Ajovy or Emgality 120 mg will be approved based on both of the following criteria:

      (1) Patient has experienced a positive response to therapy, demonstrated by a reduction in headache frequency and/or intensity

      -AND-

      (2) Medication will not be used in combination with another CGRP antagonist or inhibitor

   Authorization will be issued for 12 months

C. Episodic Cluster Headache

1. Initial Therapy
a. **Emgality 100 mg** will be approved based upon **all** of the following criteria:

   (1) Diagnosis of episodic cluster headache

   -AND-

   (2) Patient has experienced at least 2 cluster periods lasting from 7 days to 365 days, separated by pain-free periods lasting at least three months.

   -AND-

   (3) Medication will not be used in combination with another CGRP antagonist or inhibitor

**Authorization will be issued for 3 months**

2. **Reauthorization**

   b. **Emgality 100 mg** will be approved based on **both** of the following criteria:

   (1) Patient has experienced a positive response to therapy, demonstrated by a reduction in headache frequency and/or intensity

   -AND-

   (2) Medication will not be used in combination with another CGRP antagonist or inhibitor

**Authorization will be issued for 12 months**

3. **Additional Clinical Rules:**

   - Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

   - Medical Necessity, Step Therapy and Supply limits may be in place.

4. **References:**


<table>
<thead>
<tr>
<th>Program</th>
<th>Prior Authorization/Notification – CGRP antagonists</th>
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<tbody>
<tr>
<td>6/2018</td>
<td>New program</td>
</tr>
<tr>
<td>10/2018</td>
<td>Added Ajovy and Emgality. Updated references.</td>
</tr>
<tr>
<td>7/2019</td>
<td>Added the episodic cluster headache indication and included approvable strength for episodic and chronic migraine.</td>
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