



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1247-2
Program	Prior Authorization/Notification
Medication	Aimovig (erenumab), Ajovy (fremanezumab), Emgality (galcanezumab)
P&T Approval Date	6/2018, 10/2018
Effective Date	1/1/2019; Oxford only: N/A

1. Background:

Aimovig, Ajovy and Emgality are calcitonin gene-related peptide (CGRP) receptor antagonists indicated for the preventive treatment of migraine in adults.

2. Coverage Criteria:

A. Episodic Migraines

1. Initial Therapy

a. **Aimovig, Ajovy or Emgality** 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** 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

B. Chronic Migraines

1. Initial Therapy

- a. **Aimovig, Ajovy or Emgality** 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** 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:

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc; May 2018
2. Ajovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; September 2018.
3. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company; September 2018.
4. International Headache Society (IHS); Headache Classification Committee. The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018; 38:1-211.
5. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012 Apr 24;78(17):1337-45.

Program	Prior Authorization/Notification – CGRP antagonists
Change Control	
6/2018	New program
10/2018	Added Ajovy and Emgality. Updated references.