



UnitedHealthcare Pharmacy  
Clinical Pharmacy Proms

Program Number	2021 P 1247-6
Program	Prior Authorization/Notification
Medication	Aimovig (erenumab), Ajovy (fremanezumab)*, Emgality (galcanezumab)
P&T Approval Date	6/2018, 10/2018, 7/2019, 7/2020, 11/2020, 7/2021
Effective Date	9/1/2021; Oxford only: N/A

**1. Background:**

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 less than 15 headache days per month and greater than or equal to 4 migraine days per month

**-AND-**

(2) Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g., Nurtec ODT\*, Vyepti)

**Authorization will be issued for 6 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 used for the preventive treatment of migraines (e.g., Nurtec ODT\*, Vyepti)

**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 greater than or equal to 15 headache days per month and at least 8 migraine days per month

-AND-

- (2) Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g., Nurtec ODT\*, Vyepti)

**Authorization will be issued for 6 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 used for the preventive treatment of migraines (e.g., Nurtec ODT\*, Vyepti)

**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 used for the preventive treatment of migraines (e.g. Aimovig, Ajoovy\*, Nurtec ODT\*, Vypti)

**Authorization will be issued for 6 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 used for the preventive treatment of migraine (e.g. Aimovig, Ajoovy\*, Nurtec ODT\*, Vypti)

**Authorization will be issued for 12 months**

**\*Ajoovy, Nurtec ODT is typically excluded from coverage**

## 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 2021.
2. Ajoovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; October 2020.

3. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2019.
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
<b>Change Control</b>	
6/2018	New program
10/2018	Added Ajovy and Emgality. Updated references.
7/2019	Added the episodic cluster headache indication and included approvable strength for episodic and chronic migraine.
7/2020	Annual review. Updated initial authorization duration.
11/2020	Updated to note not to be used in combination with another biologic CGRP. Added that Ajovy is typically excluded from coverage.
7/2021	Annual review. Added statement regarding concomitant therapy with other preventive CGRPs. Updated references.