Effective Date: 03/01/2019
Reviewed: 02/2019, 01/2020, 01/2021, 5/2021, 7/2021, 6/2022, 6/2023, 6/2024 Scope: Medicaid

SUBCUTANEOUS INJECTABLE CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AJOVY (fremanezumab)
EMGALITY (galcanezumab)

POLICY

I. CRITERIA FOR APPROVAL

A. Preventative Treatment of Chronic Migraine

An authorization may be granted for the preventative treatment of chronic migraine when all of the following criteria are met:

A. Patient is 18 years of age or older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient is experiencing at least 15 headache days per month (tension-type-like and/or migraine-like) days per month for at least 3 months
D. Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
E. Patient has documented trial and failure of a 3-month trial of any 2 prophylactic medications from the following therapeutic classes:
    i. Antidepressants (e.g., amitriptyline, venlafaxine)
    ii. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
    iii. Anti-epileptics (e.g., valproate, topiramate)
F. Patient has documented trial and failure to a minimum of 2 quarterly injections (6 months) of botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
G. Patient is not using medication in combination with other injectable CGRP antagonists (e.g., Ajovy, Emgality, Vyepti) or oral CGRP antagonists (e.g., Ubrelvy, Nurtec ODT), unless oral Nurtec ODT or Ubrelvy is being used for the acute treatment of migraine rather than prevention

B. Preventative Treatment of Episodic Migraine

An authorization may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

A. Patient is 18 years or age and older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient experiences at least 4 but not more than 14 headache days per month, with disability on some days
D. Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
E. Patient has documented trial and failure of a 3-month trial of any 2 prophylactic medications from the following therapeutic classes:
    i. Antidepressants (e.g., amitriptyline, venlafaxine)
    ii. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
    iii. Anti-epileptics (e.g., topiramate, valproate)

F. Patient is not using medication in combination with other injectable CGRP antagonists (e.g., Ajovy, Emgality, Vyepti) or oral CGRP antagonists (e.g., Ubrelvy, Nurtec ODT), unless oral Nurtec ODT or Ubrelvy is being used for the acute treatment of migraine rather than prevention
G. Patient is not using medication in combination with a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)

II. CONTINUATION OF THERAPY

A. Preventative Treatment of Chronic Migraine

An authorization may be granted for preventative treatment of chronic migraine when all of the following criteria are met:

A. If member has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient is not using medication in combination with other CGRP antagonists (e.g., Ajovy, Emgality, Vyepti, Ubrelvy) for migraine prevention
C. Patient is not using medication in combination with a botulinum toxin unless the patient had a clinically significant response to therapy after 2 quarterly injections of botulinum toxin alone
D. Patient has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline
    i. If patient is using medication in combination with a botulinum toxin, the patient has shown a clinically meaningful incremental benefit from using both products.

B. Preventative Treatment of Episodic Migraine

An authorization may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

A. If member has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient is not using medication in combination with other CGRP antagonists (e.g., Ajovy, Emgality, Vyepti, Ubrelvy) or a botulinum toxin for migraine prevention
C. Patient has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline

III. QUANTITY LIMIT

- Ajovy 225mg/1.5ml: 1 injection per month
- Emgality 120mg/ml: 1 injection per month, with post-limit for loading dose of 2 injections (2 ml) for first month

IV. COVERAGE DURATION

- Initial: 6 months
- Continuation: 12 months

V. REFERENCES

1. Ajovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc: October 2022.
2. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company; March 2021.