



**BlueCross
BlueShield**

Federal Employee Program.

**AIMOVIG (erenumab-aooe) injection,
AJOVY* (fremanezumab-vfrm) injection, EMGALITY* (galcanezumab-gnim)**

*These medications are currently pending tier determination and may not be available at this time

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis:

Patient must have the following:

Migraine

AND ALL of the following:

1. Used for the prevention of migraines
2. Baseline migraine frequency of at least 8 migraines per month
3. Patient has completed an adequate 3-month trial of at least **ONE** of the following prophylactic agents:
 - a. Divalproex Sodium (Depakote, Depakote ER)
 - b. Topiramate (Topamax)
 - c. Gabapentin (Neurontin)
 - d. Amitriptyline (Elavil)
 - e. Venlafaxine (Effexor)
 - f. Beta-Blockers: Atenolol/Metoprolol/Propranolol/Timolol/Nadolol
 - g. Nimodipine/Verapamil
 - h. Other oral migraine prophylactic therapy considered to be appropriate by the requesting physician
4. Patient has completed an adequate 3-month trial **OR** patient has an intolerance or contraindication to at least **ONE** of the following treatment (Triptan) agents:
 - a. Amerge (naratriptan)
 - b. Axert (almotriptan)
 - c. Frova (frovatriptan)
 - d. Maxalt (rizatriptan)
 - e. Relpax (eletriptan)



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- f. Imitrex (sumatriptan)
- g. Zomig (zolmitriptan)

- 5. **NO** dual therapy with Botulinum toxin (Botox) for the prevention of migraines

Prior - Approval Limits

Quantity

Drug	Quantity
Aimovig syringe	3 injections per 90 days OR
Ajovy syringe	3 injections per 90 days OR
Emgality prefilled pen	7 injections per 180 days OR
Emgality prefilled syringe	7 injections per 180 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Migraine

AND ALL of the following:

- 1. Used for prevention of migraine
- 2. **NO** dual therapy with Botulinum toxin (Botox) for the prevention of migraines
- 3. **NO** dual therapy with Triptan Agents at Prior Authorization quantities

AND ONE of the following:

- 1. Decrease of $\geq 30\%$ in migraine frequency from baseline
- 2. Decrease in use of acute migraine medications
- 3. Reduction of at least 3 migraines or more per month



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Prior - Approval *Renewal* Limits

Quantity

Drug	Quantity per 90 days
Aimovig syringe	3 injections per 90 days OR
Ajovy syringe	3 injections per 90 days OR
Emgality prefilled pen	3 injections per 90 days OR
Emgality prefilled syringe	3 injections per 90 days

Duration 12 months