Aimovig (erenumab-aooe) injection, Ajovy* (fremanezumab-vfrm) injection,

Emgality (galcanezumab-gnim)

*Non-covered medications must go through prior authorization and the formulary exception process

Pre - PA Allowance
None

Prior-Approval Requirements

Aimovig & Emgality (excluding Emgality 100 mg/mL):

Patients who have filled a 6 month trial of a single migraine prophylactic agent: Divalproex Sodium (Depakote, Depakote ER), Topiramate (Topamax), Amitriptyline (Elavil), Venlafaxine (Effexor), or Beta-Blockers such as: Atenolol/Metoprolol/Propranolol/Timolol/Nadolol) in the past 2 years are exempt from these Initial PA 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. Patient has completed an adequate 6-month trial of at least ONE of the following prophylactic agents:
   a. Divalproex Sodium (Depakote, Depakote ER)
   b. Topiramate (Topamax)
   c. Amitriptyline (Elavil)
   d. Venlafaxine (Effexor)
   e. Beta-Blockers: Atenolol/Metoprolol/Propranolol/Timolol/Nadolol

3. 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)
**Aimovig** (erenumab-aooe) injection, **Ajovy** (fremanezumab-vfrm) injection, **Emgality** (galcanezumab-gnim)

*Non-covered medications must go through prior authorization and the formulary exception process

b. Axert (almotriptan)
c. Frova (frovatriptan)
d. Maxalt (rizatriptan)
e. Relpax (eletriptan)
f. Imitrex (sumatriptan)
g. Zomig (zolmitriptan)

4. **NO** dual therapy with Botulinum toxin (Botox) or another CGRP for the prevention of migraines

5. **Aimovig only**: Prescriber agrees to monitor for severe constipation

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**Emgality 100 mg/mL ONLY**

**Age** 18 years of age or older

**Diagnosis:**

Patient must have the following:

Episodic cluster headaches

**AND ALL** of the following:

1. Patient has completed an adequate 3-month trial **OR** patient has an intolerance or contraindication to at least **ONE** of the following:
   a. Triptan agent
   b. Ergotamine tartrate
   c. Dihydroergotamine

2. **NO** dual therapy with another CGRP antagonist

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**Prior - Approval Limits**

**Quantity**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aimovig syringe</td>
<td>3 injections per 90 days <strong>OR</strong></td>
</tr>
<tr>
<td>Emgality prefilled pen 120 mg/mL <em>for migraines only</em></td>
<td>7 injections per 180 days <strong>OR</strong></td>
</tr>
</tbody>
</table>
Aimovig (erenumab-aooe) injection, Ajovy* (fremanezumab-vfrm) injection, Emgality (galcanezumab-gnim)

*Non-covered medications must go through prior authorization and the formulary exception process

| Emgality prefilled syringe 120 mg/mL *for migraines only | 7 injections per 180 days OR |
| Emgality prefilled syringe 100 mg/mL *for cluster headaches only | 9 injections per 90 days |

OR

| Drug: with approved MFE only | Quantity |
| Ajovy | 3 injections per 90 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. Documented decrease in migraine days from baseline
3. NO dual therapy with Botulinum toxin (Botox) or another CGRP for the prevention of migraines
4. NO dual therapy with Triptan Agents at Prior Authorization quantities
5. Aimovig only: Prescriber agrees to monitor for severe constipation

Emgality 100 mg/mL ONLY

Age 18 years of age or older

Diagnosis:

Patient must have the following:
**Aimovig** (erenumab-aooe) injection, **Ajovy***(fremanezumab-vfrm) injection, **Emgality** (galcanezumab-gnim)

*Non-covered medications must go through prior authorization and the formulary exception process

Episodic cluster headaches

**AND ALL** of the following:
1. Patient has had a decrease in frequency of cluster headache attacks
2. **NO** dual therapy with another CGRP antagonist

**Prior - Approval Renewal Limits**
**Quantity**

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**OR**

<table>
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<tr>
<th>Drug: with approved MFE only</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajovy</td>
<td>3 injections per 90 days</td>
</tr>
</tbody>
</table>

**Duration** 12 months