MIGRAINE CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS SC
Aimovig (erenumab-aooe), Ajovy* (fremanezumab-vfrm), 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 in the past 2 years are exempt from these Initial PA requirements. Migraine prophylactic agents include: Divalproex Sodium (Depakote, Depakote ER), Topiramate (Topamax), Amitriptyline (Elavil), Venlafaxine (Effexor), or Beta-Blockers such as: Atenolol/Metoprolol/Propranolol/Timolol/Nadolol.

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)
   b. Axert (almotriptan)
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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 antagonist (see Appendix 1)

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 (see Appendix 1)

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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 OR</td>
</tr>
<tr>
<td>Emgality prefilled pen 120 mg/mL *for migraines only</td>
<td>7 injections per 180 days OR</td>
</tr>
<tr>
<td>Emgality prefilled syringe 120 mg/mL</td>
<td>7 injections per 180 days OR</td>
</tr>
</tbody>
</table>
MIGRAINE CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS SC

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

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

<table>
<thead>
<tr>
<th>*for migraines only</th>
<th>Emgality prefilled syringe 100 mg/mL</th>
<th>9 injections per 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>*for cluster headaches only</td>
<td></td>
<td></td>
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</table>

OR

<table>
<thead>
<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 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 OR improvement in daily activities due to the reduction of debilitating migraine
3. NO dual therapy with Botulinum toxin (Botox) or another CGRP antagonist (see Appendix 1)
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:
MIGRAINE CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS SC
Aimovig (erenumab-aooe), Ajovy* (fremanezumab-vfrm), 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 (see Appendix 1)

Prior - Approval *Renewal* Limits

**Quantity**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aimovig syringe</td>
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<tr>
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<tr>
<td>Drug: with approved MFE only</td>
<td>Quantity</td>
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<tr>
<td>Ajovy</td>
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</table>

**Duration** 12 months
**MIGRAINE CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS SC**

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

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

**Appendix 1 - List of CGRP Antagonists**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>eptinezumab-jjmr</td>
<td>Vyepti</td>
</tr>
<tr>
<td>erenumab-aooe</td>
<td>Aimovig</td>
</tr>
<tr>
<td>fremanezumab-vfrm</td>
<td>Ajovy</td>
</tr>
<tr>
<td>galcanezumab-gnim</td>
<td>Emgality</td>
</tr>
<tr>
<td>rimegepant</td>
<td>Nurtec ODT</td>
</tr>
<tr>
<td>ubrogepant</td>
<td>Ubrelvy</td>
</tr>
</tbody>
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