



**BlueCross  
BlueShield**

Federal Employee Program.

**MIGRAINE CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS SC**  
Aimovig (erenumab-aooe), Ajovy\* (fremanezumab-vfrm), Emgality  
(galcanezumab-gnim)

\* Prior authorization for this product applies only to formulary exceptions due to being a non-covered Medication

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Ajovy:** *Prior authorization for Ajovy applies only to approved formulary exceptions due to being a non-covered medication.*

**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 **ONE** of the following:
  - a. Patient has taken a preventative CGRP medication in the past or is switching from another preventative CGRP medication
  - b. Patient has had an inadequate treatment response, intolerance, or contraindication to at least **TWO** of the following prophylactic agents:
    - a. Divalproex sodium/valproate sodium (Depakote, Depakote ER)
    - b. Topiramate (Topamax)
    - c. Tricyclic antidepressants: amitriptyline (Elavil), nortriptyline (Pamelor)
    - d. Serotonin-norepinephrine reuptake inhibitors: venlafaxine (Effexor XR), duloxetine (Cymbalta)
    - e. Beta-blockers: atenolol, metoprolol, nadolol, propranolol, timolol
3. **Aimovig only:** Prescriber agrees to monitor for severe constipation
4. Patient has **ONE** of the following:



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- a. **NO** dual therapy with another CGRP antagonist (see Appendix 1)
- b. Dual therapy with a CGRP antagonist for acute treatment of migraine if **ONE** of the following applies:
  - i. Patient has completed an adequate 3-month trial of at least 2 migraine preventative CGRP antagonists (i.e., Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta, and Vyepti)
  - ii. Patient has completed an adequate 3-month trial of a migraine preventative CGRP antagonist in combination with a triptan agent

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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)

**Prior - Approval Limits**

**Quantity**

| Drug                             | Quantity                            |
|----------------------------------|-------------------------------------|
| Aimovig syringe                  | 3 injections per 90 days <b>OR</b>  |
| Emgality prefilled pen 120 mg/mL | 7 injections per 180 days <b>OR</b> |



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

| <b>Drug<br/>With Approved Formulary<br/>Exception (FE) Only</b> | <b>Quantity</b>          |
|---|--------------------------|
| Ajovy   | 3 injections per 90 days |

**Duration** 6 months

### **Prior – Approval *Renewal* Requirements**

**Ajovy:** *Prior authorization for Ajovy applies only to approved formulary exceptions due to being a non-covered medication.*

#### **Aimovig and Emgality (excluding Emgality 100 mg/mL)**

**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. **Aimovig only:** Prescriber agrees to monitor for severe constipation
4. Patient has **ONE** of the following:
  - a. **NO** dual therapy with another CGRP antagonist (see Appendix 1)



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- b. Dual therapy with a CGRP antagonist for acute treatment of migraine if **ONE** of the following applies:
- Patient has completed an adequate 3-month trial of at least 2 migraine preventative CGRP antagonists (i.e., Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta, and Vyepti)
  - Patient has completed an adequate 3-month trial of a migraine preventative CGRP antagonist in combination with a triptan agent

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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:

- Patient has had a decrease in frequency of cluster headache attacks
- NO** dual therapy with another CGRP antagonist (see Appendix 1)

**Prior - Approval *Renewal* Limits**

**Quantity**

| Drug   | Quantity                           |
|--|------------------------------------|
| Aimovig syringe  | 3 injections per 90 days <b>OR</b> |
| Emgality prefilled pen 120 mg/mL<br><b>*for migraines only</b>             | 3 injections per 90 days <b>OR</b> |
| Emgality prefilled syringe 120 mg/mL<br><b>*for migraines only</b>         | 3 injections per 90 days <b>OR</b> |
| Emgality prefilled syringe 100 mg/mL<br><b>*for cluster headaches only</b> | 9 injections per 90 days <b>OR</b> |



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| <b>Drug<br/><u>With Approved Formulary<br/>Exception (FE) Only</u></b> | <b>Quantity</b>          |
|--|--------------------------|
| Ajovy  | 3 injections per 90 days |

**Duration**     12 months

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**Appendix 1 - List of CGRP Antagonists**

| <b>Generic Name</b> | <b>Brand Name</b> |
|---------------------|-------------------|
| atogepant           | Qulipta           |
| eptinezumab-jjmr    | Vyepti            |
| erenumab-aooe       | Aimovig           |
| fremanezumab-vfrm   | Ajovy             |
| galcanezumab-gnim   | Emgality          |
| rimegepant          | Nurtec ODT        |
| ubrogepant          | Ubrelvy           |
| zavegepant          | Zavzpret          |