



**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

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

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 OR
Emgality prefilled pen 120 mg/mL	7 injections per 180 days OR



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*for migraines only	
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 Formulary Exception (FE) Only	Quantity
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

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 OR
Emgality prefilled pen 120 mg/mL *for migraines only	3 injections per 90 days OR
Emgality prefilled syringe 120 mg/mL *for migraines only	3 injections per 90 days OR
Emgality prefilled syringe 100 mg/mL *for cluster headaches only	9 injections per 90 days OR



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

Duration 12 months

Appendix 1 - List of CGRP Antagonists

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