

Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	Calcitonin Gene-Related Peptide (CGRP) Inhibitors: Aimovig (erenumab-aooe), Ajovy (fremanezumab-vfrm), Emgality (galcanezumab-gnlm)
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1. Criteria

Product Name: Aimovig, Ajovy	
Diagnosis	Migraine
Approval Length	12 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - Diagnosis of migraine</p> <p style="text-align: center;">AND</p> <p>2 - Patient experiences 4 or more migraines per month</p> <p style="text-align: center;">AND</p> <p>3 - Prescribed by, or in consultation with, a neurologist or pain specialist</p> <p style="text-align: center;">AND</p> <p>4 - Patient is 18 years of age and older</p> <p style="text-align: center;">AND</p> <p>5 - Patient has tried and failed therapy with 2 prophylactic therapies from at least 2 different classes of medications, e.g., antidepressants (e.g., amitriptyline, venlafaxine), beta-blockers (e.g., propranolol, metoprolol, timolol), anticonvulsants (e.g. topiramate, divalproex sodium/valproic acid), Botox</p>	

Product Name: Emgality 120 mg/mL*	
Diagnosis	Migraine
Approval Length	12 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - Diagnosis of migraine</p> <p style="text-align: center;">AND</p> <p>2 - Patient experiences 4 or more migraines per month</p> <p style="text-align: center;">AND</p> <p>3 - Prescribed by, or in consultation with, a neurologist or pain specialist</p> <p style="text-align: center;">AND</p> <p>4 - Patient is 18 years of age and older</p> <p style="text-align: center;">AND</p> <p>5 - Patient has tried and failed therapy with 2 prophylactic therapies from at least 2 different classes of medications, e.g., antidepressants (e.g., amitriptyline, venlafaxine), beta-blockers (e.g., propranolol, metoprolol, timolol), anticonvulsants (e.g. topiramate, divalproex sodium/valproic acid), Botox</p> <p style="text-align: center;">AND</p> <p>6 - Patient has tried and failed therapy with both of the preferred CGRP Inhibitors, Aimovig and Ajovy**</p>	
Notes	<p>*QL Override (for new starts only): First PA - Approve 2 mL per 30 days for the first fill. Second PA, approve for the remaining 11 months. (NOTE: Please enter a start date 3 weeks after the start date of the first approval.) (Emgality is hard-coded with a quantity of 1 mL per 30 days [120 mg/mL pen/syringe]). Please approve at GPI List Name HPHCEMG120.</p> <p>**Alternative agents may require prior authorization.</p>

Product Name: Emgality 100 mg/mL*	
Diagnosis	Episodic cluster headache
Approval Length	12 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - Diagnosis of episodic cluster headache</p> <p style="text-align: center;">AND</p> <p>2 - Prescribed by, or in consultation with, a neurologist or pain specialist</p> <p style="text-align: center;">AND</p> <p>3 - Patient is 18 years of age and older</p> <p style="text-align: center;">AND</p> <p>4 - Patient has tried and failed therapy with ONE prophylactic therapy (e.g., verapamil, glucocorticoids, lithium, topiramate)</p> <p style="text-align: center;">AND</p> <p>5 - Patient has tried and failed therapy with ONE abortive therapy (e.g., triptans, oxygen)</p>	
Notes	*QL information: Emgality is hard-coded with a quantity of 3 mL per 30 days [100 mg/mL syringe]. Please approve at GPI-14 level (6770203530E515).

Product Name: Aimovig, Ajovy, Emgality 120 mg/mL*	
Diagnosis	Migraines
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - Patient is being treated for migraines</p> <p style="text-align: center;">AND</p>	

2 - Patient has experienced improvement while on therapy with either a decrease in frequency or intensity of migraines	
Notes	*For Emgality 120mg/mL: Please approve at GPI List Name HPHCEMG120.

Product Name: Emgality 100 mg/mL*	
Diagnosis	Episodic cluster headaches
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - Patient is being treated for episodic cluster headaches</p> <p style="text-align: center;">AND</p> <p>2 - Patient has experienced improvement while on therapy with a decrease in frequency of cluster headaches and requires continued therapy</p>	
Notes	*QL information: Emgality is hard-coded with a quantity of 3 mL per 30 days [100 mg/mL syringe]. Please approve at GPI-14 level (6770203530E515).

2. Background

Benefit/Coverage/Program Information
<p>RATIONALE Promote appropriate utilization of Calcitonin Gene-Related Peptide (CGRP) Inhibitors based on FDA approved indications and appropriate clinical criteria.</p> <p>FDA APPROVED INDICATIONS</p> <ul style="list-style-type: none"> • For the preventive treatment of migraine in adults. • For the treatment of episodic cluster headaches in adults (Emgality only). <p>REFERENCES</p> <ul style="list-style-type: none"> • Lipton RB. Tracing transformation: Chronic migraine classification, progression, and epidemiology. <i>Neurology</i> 2009;72:S3-7. • Migraine: Aimovig-CGRP Inhibitor- First Approval in New Class; IPD Analytics Rx Insights, May 2018. • Headache Classification Committee of the International Headache Society (IHS): The International Classification of Headache Disorders, 3rd edition. <i>Cephalalgia</i> 2018, Vol. 38(1) 1–211.

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Created: 12/18

P&T Approval: 12/02/19

Effective: 1/1/20
