

Market Applicability					
Market	GA	KY	MD	NJ	NY
Applicable	X	NA	X	X	X

Ajovy (fremanezumab)

Override(s)	Approval Duration
Prior Authorization	Initial request: 3 months
Quantity Limit	Renewal requests: 1 year

Medications	Quantity Limit
Ajovy (fremanezumab)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Ajovy (fremanezumab) may be approved when the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Episodic migraine defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3 month period; **OR**
 - B. Chronic migraine defined as a headache occurring on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of a migraine headache (ICHD-3);

AND

- II. Individual is using for migraine prophylaxis;

AND

- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to two agents for migraine prophylaxis* (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence):
 - A. The following antidepressants: amitriptyline, venlafaxine; **OR**
 - B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol; **OR**
 - C. The following calcium channel blocker: verapamil; **OR**
 - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
 - E. Botox (for chronic migraine).

*Agents for migraine prophylaxis – May require Prior Authorization

AND

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- IV. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to Aimovig or Emgality.

Renewal requests for Ajovy (fremanezumab) may be approved when the following criteria are met:

- I. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
- II. Individual has obtained clinical benefit deemed significant by individual or prescriber.

Requests for Ajovy (fremanezumab) may **not** be approved for the following:

- I. Individual is using concomitantly with botulinum toxin for migraine prophylaxis.

Key References:

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5. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: <http://bit.ly/Headache0113>. Updated January 2013.
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10. Silberstein SD, Dodick DW, Bigal ME, et.al. Fremanezumab for the preventive treatment of chronic migraine. *N Engl J Med*. 2017; 377(22): 2113-2122.
11. Dodick DW, Silberstein SD, Bigal ME. Effect of fremanezumab compared with placebo for prevention of episodic migraine. *J Am Med Assoc*. 2018; 319(19):1999-2008.

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12. Robbins MS, Starling AJ, Pringsheim TM, Becker WJ, Schwedt TJ. Treatment of cluster headache: The American Headache Society evidence-based guidelines. *Headache*. 2016;56:1093-1106.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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