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AETNA BE	TTER HEALTH®			
Coverage	Policy/Guideline			
Name: CGRP receptor antagonist injectable IV infusion (AIMOVIG, AJOVY, EMGALITY, VYEPTI)		Page:	1 of 4	
Effective D	Date: 2/1/2024		Last Review Date: 12/2023	
Applies to:	□Illinois	□Florida	□Florida Kids	
	☐New Jersey	⊠Maryland	□Michigan	
	⊠Pennsylvania Kids	□Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for CGRP receptor antagonist injectable IV infusion under the patient's prescription drug benefit.

Description:

Aimovig

Aimovig is indicated for the preventive treatment of migraine in adults.

Ajovy

Ajovy is indicated for the preventive treatment of migraine in adults.

Vyepti

Vyepti is indicated for the preventive treatment of migraine in adults.

Emgality

Migraine

Emgality 120mg is indicated for the preventive treatment of migraine in adults

Cluster Headache

Emgality 100mg is indicated for the treatment of episodic cluster headache in adults

Applicable Drug List:

Preferred Agent:

Emgality 120mg

Non-Preferred Agents:

AIMOVIG

AJOVY

VYEPTI

EMGALITY 100mg

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

 The requested drug is being prescribed for the preventive treatment of migraine in an adult patient

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AND

 The patient received at least 3 months of treatment with the requested drug and had a reduction in migraine days per month from baseline

OR

The request is for Emgality 120mg

AND

The patient experienced an inadequate treatment response with a 60-day trial of any TWO of the following: A) Antiepileptic drugs (AEDs) (divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (amitriptyline, venlafaxine)

OR

The patient experienced an intolerance or has a contraindication that would prohibit a 60-day trial of any TWO of the following: A) Antiepileptic drugs (AEDs) (divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (amitriptyline, venlafaxine)

OR

o The request is for Aimovig, Ajovy, or Vyepti

AND

■ The patient is unable to take Emgality 120mg, the preferred formulary alternative for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.

AND

 The requested drug will not be used concurrently with another CGRP receptor antagonist

OR

 The request is for Emgality 100mg for treatment of episodic cluster headaches in an adult patient

AND

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 The requested drug will not be used concurrently with another CGRP receptor antagonist

OR

 The patient received at least 3 weeks treatment with the requested drug and had a reduction in weekly cluster headache attack frequency from baseline

AND

 The requested drug will not be used concurrently with another CGRP receptor antagonist

Approval Duration and Quantity Restrictions:

Approval:

Initial duration: 3 months / Renewal duration: 12 months

Emgality for cluster headache: Initial duration: 1 month / Renewal duration 12 months **Quantity Level Limit:** Reference Formulary for drug specific quantity level limits

Drug	Monthly Limit	
Aimovig 70mg	1mL (1 autoinjector x 1mL each) / 30 days	
Aimovig 140mg	1mL (1 autoinjector x 1mL each) / 30 days	
Ajovy 225mg	4.5mL (3 autoinjectors or syringes x 1.5 mL each) / 90 days	
Emgality 120mg 1mL (1 syringe or pen x 1mL each) / 30 days		
Vyepti 100mg 3mL (3 single dose vials x 1mL each) / 90 days		

References:

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- 13. Francis G, et al. Acute and preventive pharmacologic treatment of cluster headache. American Academy of Neurology. Neurology 2010; 463-473.