



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: CGRP receptor antagonist injectable IV infusion
(AIMOVIG, AJOVY, EMGALITY, VYEPTI)

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Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> 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 Agents:

AIMOVIG

AJOVY

Non-Preferred Agents:

EMGALITY

VYEPTI

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

AND



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- 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 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)

AND

- Requests is for Vyepeti, or Emgality 120mg

AND

- The patient is unable to take Aimovig and Ajoovy, the preferred formulary alternatives for the given diagnosis, due to a trial and inadequate treatment response, 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

- 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



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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:

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc; October 2022.
2. Ajovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc; October 2022.
3. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company; March 2021.
4. Vyepti [package insert]. Bothell, WA: Lundbeck Seattle Bio Pharmaceuticals, Inc; October 2022.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 3, 2023.
6. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/03/2023).
7. Silberstein S, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology. *Neurology* 2012;78:1337-1346.
8. Silberstein S, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology. *Neurology* 2013;80:871
9. American Academy of Neurology. Update: Pharmacologic Treatments for Episodic Migraine Prevention in Adults. Available at: <https://www.aan.com/Guidelines/Home/GetGuidelineContent/545>. Accessed April 2023.



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10. Ailani J, Burch RC, Robbins MS et al. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021; 61:1021-1039.
11. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. Headache 2019; 59:1-18
12. Robbins M, et al. Treatment of Cluster Headache: The American Headache Society Evidence Based Guidelines. Headache 2016;56:1093-1106.
13. Francis G, et al. Acute and preventive pharmacologic treatment of cluster headache. American Academy of Neurology. Neurology 2010; 463-473.