

## Commercial/Healthcare Exchange PA Criteria

*Effective: May 6<sup>th</sup>, 2019*

**Prior Authorization:** Ajovy

**Products Affected:** Ajovy (fremanezumab-vfrm) subcutaneous single-dose prefilled syringe

**Medication Description:** Ajovy (fremanezumab-vfrm) is a human immunoglobulin G2 (IgG2) monoclonal antibody that targets the calcitonin gene-related peptide (CGRP) receptor, a receptor involved in migraine attacks.

**Covered Uses:** Preventative treatment of migraine in adults.

**Exclusion Criteria:**

1. Concurrent use with another (CGRP) inhibitor.
2. Acute treatment of migraine
3. Treatment of chronic or episodic cluster headache

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Age Restrictions:** 18 years of age or older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Criteria**

1. Patient has clinically diagnosed episodic migraine as defined at least 4 migraine days per month; **AND**
2. Patient has prior usage of at least **TWO** standard prophylactic pharmacologic therapies, each from a different pharmacologic class, used to prevent migraines or reduce migraine frequency including:
  - a. Angiotensin receptor blockers;
  - b. Angiotensin Converting Enzyme Inhibitors;
  - c. Beta-blockers (i.e. propranolol, metoprolol, atenolol);
  - d. Calcium Channel blockers (i.e. verapamil);
  - e. Anti-epileptics (i.e. as topiramate or divalproex sodium);
  - f. Antidepressants (venlafaxine OR a tricyclic antidepressant such as amitriptyline or nortriptyline); **AND**
3. The patient has had inadequate efficacy to both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **OR**
4. The patient has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **AND**
5. Patient has prior usage in the last 18 months of at least one triptan therapy; **OR**
6. Patient is intolerant to or, has a contraindication to or, inadequate response from triptan therapy.

***Renewal Criteria:***

1. Positive response to therapy demonstrated by a 50% reduction in monthly migraine days; **AND**
2. The use of acute migraine medications (ie NSAIDs, triptans) has decreased since start therapy; **AND**
3. Patient has an overall improvement in function with therapy

***References:***

1. Ajovy [package insert]. North Wales, PA; Teva; September 2018.

***Policy Revision history***

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	04/19/2019
2	Update	Addition of Renewal Criteria	Other Criteria	3/27/2020