Pharmacy Policy Bulletin

Title: CGRP Antagonists
Policy #: Rx.01.207

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:
The intent of this policy is to communicate the medical necessity criteria for erenumab (Aimovig™), fremanezumab (Ajovy™), or galcanezumab (Emgality™) as provided under the member’s prescription drug benefit.

Description:
Migraine is a recurrent throbbing disabling headache disorder that usually affects one side of the head and is in many cases preceded by warning symptoms. Common symptoms include nausea, photophobia, and phonophobia. The headache pain is usually severe and can last for hours or even days.

Calcitonin gene-related peptide (CGRP) is found in neurons of the cerebral cortex, hippocampus, cerebellum, thalamic nuclei and brainstem nuclei and some other sites. In migraines, CGRP is released from trigeminal nerves (the nerves associated with feeling of pain in the head and face), bind to specific receptors, and cause symptoms such as vasodilation, pain, and inflammation. Pain is transmitted from trigeminal ganglion to trigeminal nucleus and then higher central nervous system centers. This accounts for pain, photophobia, and phonophobia.

Therapy for migraine may be abortive, to stop the headache, or prophylactic, to reduce frequency of headaches, number of headache days, or severity of headaches. Current treatment options for prophylaxis of episodic and chronic migraine headaches include: topiramate, valproic acid, beta blockers, and some classes of antidepressants. Onabotulinumtoxin A (Botox) is also an option for prophylaxis of chronic migraines.

The CGRP antagonists are human monoclonal antibodies that selectively bind the CGRP receptors (erenumab) or antagonize calcitonin gene-related peptide (galcanezumab, fremanezumab) to reduce CGRP. The monoclonal antibodies have shown efficacy in clinical trials by acting at several sites in the trigeminal system and in the CNS which results in pain relief.

Erenumab (Aimovig™), fremanezumab (Ajovy™), and galcanezumab (Emgality™, 120mg/ml) are indicated for the preventive treatment of migraines in adults. It is unknown if these agents are safe and effective in children under the age of 18.

Galcanezumab (Emgality™ 100mg/ml) is indicated for episodic cluster headache. Galcanezumab is taken at the start of the cluster period (three doses of 100mg) and then every month until the end of the cluster period.

Policy:
INITIAL CRITERIA
Erenumab (Aimovig™), fremanezumab (Ajovy™), or galcanezumab (Emgality™) 120 mg/ml is approved when ALL of the following are met:

A. Prescribed by or in consultation with a neurologist or headache specialist certified by the United Council for Neurologic Subspecialties; or a pain specialist and
B. Member is 18 years of age or older; and
C. ONE of the following:

1. Diagnosis of episodic migraines defined as 5-14 headache days per month and inadequate response or inability to tolerate a 4 week trial of TWO of the following prophylactic medications:
   i. Topiramate
   ii. Divalproex sodium/ valproic acid
   iii. Beta-blockers: metoprolol, propranolol, timolol, atenolol, nadolol
   iv. Tricyclic antidepressants: amitriptyline, nortriptyline
   v. SNRI antidepressants: venlafaxine, duloxetine

   OR

2. Diagnosis of chronic migraines defined as 15 or more headache days per month and inadequate response or inability to tolerate a 4 week trial of TWO of the following prophylactic medications:
   i. Topiramate
   ii. Divalproex sodium/ valproic acid
   iii. Beta-blockers: metoprolol, propranolol, timolol, atenolol, nadolol
   iv. Tricyclic antidepressants: amitriptyline, nortriptyline
   v. SNRI antidepressants: venlafaxine, duloxetine
   vi. Trial of additional prophylactic medications does not apply if member has previously been treated with onabotulinumtoxin A (Botox) for migraines

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA
Erenumab (Aimovig™) or fremanezumab (Ajovy™), OR galcanezumab (Emgality™) 120mg/ml is approved when ALL of the following are met:

A. Prescribed by or in consultation with a neurologist, headache specialist certified by the United Council for Neurologic Subspecialties, or a pain specialist; and
B. Documentation of response to therapy as defined by 50% reduction in headache days per month from baseline (defined as at least 4 hours duration and moderate intensity)

Approval duration: 12 months

INITIAL CRITERIA
Galcanezumab (Emgality™) 100mg/ml is approved when ALL of the following are met:

A. Diagnosis of episodic cluster headache; AND
B. Member has experienced at least 2 cluster periods lasting 7 days to 365 days, separated by pain-free periods lasting at least three months; AND
C. Member is 18 years of age or older; and
D. Prescribed by or in consultation with a neurologist, headache specialist certified by united council for neurologic subspecialties, or pain specialist; and
E. Medication will not be used in combination with another CGRP inhibitor Initial authorization duration: 3 months

Initial authorization duration: 3 months

REAUTHORIZATION CRITERIA

Galcanezumab (Emgality™) 100mg/ml is approved when ALL of the following are met:

A. Member has experienced a positive clinical response to therapy, demonstrated by a reduction in headache frequency and/or intensity; and
B. Prescribed by or in consultation with a neurologist, headache specialist certified by united council for neurologic subspecialties, or pain specialist.

Reauthorization duration: 12 months

Black Box Warning as shown in the drug Prescribing Information:
None

Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


Applicable Drugs:
Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Aimovig ™</td>
<td>Erenumab</td>
</tr>
<tr>
<td>Ajovy™</td>
<td>Fremanezumab</td>
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<tr>
<td>Emgality™</td>
<td>Galcanezumab</td>
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**Cross References:**
Botulinum toxin agents 08.00.26s (medical policy)

Off-Label Use Rx.01.33

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**Policy Version Number:** 6.00

**P&T Approval Date:** October 10, 2019

**Policy Effective Date:** January 01, 2020

**Next Required Review Date:** January 10, 2020

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.