blue of california

CALCITONIN GENE-RELATED PEPTIDE (CGRP) AGENTS

Applies To:

erenumab subcutaneous (AIMOVIG)
fremanezumab subcutaneous (AJOVY)
galcanezumab subcutaneous (EMGALITY)

Diagnosis Considered for Coverage:

- Prevention of migraine headache
- Treatment of episodic cluster headache – Emgality only

Coverage Criteria:

For prevention of migraine headaches:

INITIAL REQUEST

• Patient is at least 18 years old, **and**
• Patient experiences at least 4 migraine headache days per month, **and**
• Not being used in combination with another CGRP agent or onabotulinumtoxin-A (Botox), **and**
• Dose does not exceed FDA label maximum, **and**
• One of the following:
  • Patient has had an inadequate response to ONE prophylactic drug from the following drug classes: beta-blockers, antidepressants, **and** anticonvulsants,
  OR
  • Patient has a medical reason why all agents supported for migraine prophylactic drugs cannot be used, including: amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, timolol, divalproex sodium, valproic acid, and topiramate.
AND
• For Ajovy request: Inadequate response or intolerable side effect to TWO of the following: Aimovig, Emgality, and Nurtec, or contraindication to all.
 	
Coverage Duration: one year

For Emgality and treatment of episodic cluster headache:

INITIAL
• Inadequate response or intolerable side effect to one standard of care preventive drug for cluster headaches (e.g. prednisone, dexamethasone, verapamil, lithium, topiramate) or contraindication to all standard of care preventive drugs for cluster headaches, **and**

• Dose does not exceed 300 mg given once per month, **and** *Coverage Duration:* 3 months
REAUTHORIZATION
• Inadequate response or intolerable side effect to one standard of care preventive drug for cluster headaches (e.g. prednisone, dexamethasone, verapamil, lithium, topiramate) or contraindication to all standard of care preventive drugs for cluster headaches, **and** • Dose does not exceed 300 mg given once per month, **and** *Coverage Duration:* 3 months

Coverage Duration: see specific coverage criteria

Effective Date: 02/28/2024