

Calcitonin Gene-Related Peptide Antagonists



Included Products: Aimovig (erenumab-aaoe), Ajovy (fremanezumab-vfrm), Emgality (galcanezumab-gnlm), Vyepti (eptinezumab-jjmr)

Created: 07/12/2018

Revised: 11/10/2022

Reviewed: 01/14/2024

Updated: 02/01/2024

| Migraine | | | |
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| Initial Criteria | | If yes | If no |
| 1. | Is the request for the prophylaxis of migraines? | Continue to #2. | Do not approve. Indication not accepted. |
| 2. | Is the request from a neurologist or headache specialist? | Continue to #3. | Do not approve. Not medically appropriate. |
| 3. | Have medication overuse headaches and hemiplegic migraines been ruled out? | Continue to #4. | Do not approve. Not medically appropriate. |
| 4. | Is the member at least 18 years old? | Continue to #5. | Do not approve. Investigational use. |
| 5. | How many migraines lasting at least 4 hours does the member have each month? a. 0-3: Deny for medical necessity. b. 4-14: Continue to episodic alts in #6. c. 15+: Continue to chronic alts in #7. | | |
| 6. | Has the member failed a 3 month trial at maximum tolerated doses of at least 3 of the following 4 classes? a. Beta-blockers: propranolol (240 mg daily), metoprolol (200 mg daily), or timolol. b. Anticonvulsants: topiramate (100 mg to 200 mg/day), divalproex (500 mg to 1,500 mg), or valproate (500 mg to 1,500 mg) c. Anti-depressants: amitriptyline (50 mg QHS) or venlafaxine (75 mg to 150 mg) d. ACEi/ARB: candesartan (16 mg) or lisinopril (20 mg) | Continue to #9. | Do not approve. |

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| 7. | Has the member failed a 3 month trial at maximum tolerated doses of at least 3 of the following 4 classes? a. Beta-blockers: propranolol (240 mg daily), metoprolol (200 mg daily), or timolol. b. Anticonvulsants: topiramate (100 mg to 200 mg/day), divalproex (500 mg to 1,500 mg), or valproate (500 mg to 1,500 mg) c. Anti-depressants: amitriptyline (50 mg QHS) or venlafaxine (75 mg to 150 mg) d. ACEi/ARB: candesartan (16 mg) or lisinopril (20 mg) | Continue to #8. | Do not approve. |
| 8. | Has the member failed Botox? (PA Required) | Continue to #9 | Do not approve. |
| 9. | What is the request for? a. Aimovig or Ajovy: Continue to #12 b. Emgality: continue to #10 c. Vyepti: continue to #11. | | |
| 10. | For Emgality, has the member tried and failed Aimovig AND Ajovy? | Continue to #12. | Do not approve. |
| 11. | For Vyepti, has the member failed Aimovig, Ajovy and Emgality? | Continue to #12. | Do not approve. |
| 12. | Approve for 6 months. | | |
| Renewal Criteria | | If yes | If no |
| 1. | Has the member demonstrated an objective response to treatment as defined as the following: a. Episodic Migraine: a reduction of at least 2 headache days per month. b. Chronic Migraine: a reduction of at least 50% headache days per month. | Continue to #2. | Do not approve. |
| 2. | Approve for 12 months. | | |

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Episodic Cluster Headaches

| Initial Criteria | | If yes | If no |
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| 1. | Is the request for Emgality? | Continue to #2. | Do not approve. Not accepted indication. |
| 2. | Is the member 18 or older? | Continue to #3. | Do not approve. Not accepted indication. |
| 3. | Is the request from a neurologist or headache specialist? | Continue to #4. | Do not approve. Not medically appropriate. |
| 4. | Have medication overuse headaches been ruled out? | Continue to #5. | Do not approve. Not medically appropriate. |
| 5. | Does the member have any of the following exclusions? a. ECG abnormalities compatible with an acute CV event or condition delay b. History of unstable angina, percutaneous coronary intervention, coronary artery bypass grafting, deep vein thrombosis, or pulmonary embolism within the past 6 months c. any history of stroke, intracranial or carotid aneurysm, intracranial hemorrhage, or vasospastic angina; clinical evidence of peripheral vascular disease, or diagnosis of Raynaud's diagnosis. | Do not approve. Not medically appropriate. | Continue to #6. |
| 6. | Does the member meet the international classification of headache disorder 3rd edition diagnostic criteria? | Continue to #7. | Do not approve. |
| 7. | Has the member failed a 3-month trial of verapamil and topiramate? | Continue to #8. | Do not approve. |
| 8. | Approve for 6 months. | | |