

## **Emgality**

*(galcanezumab)*

## **Ajovy**

*(fremanezumab)*

### **COVERAGE POLICY:**

Emgality and Ajovy are covered for members who meet the following criteria:

- The diagnosis is prophylaxis of chronic migraine or cluster headache (Emgality only)
  - **AND** the provider is a neurologist OR has obtained a consult with a neurologist
  - **AND** the patient is age 18 years or older
  - **AND** the patient experiences migraines on  $\geq 15$  days per month
  - **AND** each migraine is  $\geq 4$  hours a day or longer in duration **AND** the patient has had at least a 60-day trial and failure or contraindication to a medication in at least 2 of the following classes of migraine prophylaxis medication:
    - TCA's (amitriptyline, imipramine, doxepin, mirtazapine, nortriptyline) OR venlafaxine
    - Anti-epileptic drugs (i.e. gabapentin, topiramate, valproic acid)
    - Beta blockers (i.e. atenolol, metoprolol, propranolol)
    - Calcium channel blockers (i.e. diltiazem, verapamil)
  - OR the patient has diagnosis of cluster headaches
    - **AND** the patient has experienced  $\geq 2$  cluster periods lasting 7-365 days separated by at least 90 days of pain free periods.
    - **AND** request has been reviewed by clinical pharmacist
  - **AND** the patient is NOT receiving preventative migraine treatment with Botox
  - **AND** the patient is NOT receiving chronic opioid therapy
  - OR if the patient is on chronic opioids the provider has sent documentation of intent to taper current opioid dose following initiation CGRP therapy
  - **AND IF** this is a reauthorization request the provider can document the patient has experienced a decrease in the number of headache days and if applicable a reduction in opioid utilization