



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 5/17/2018  
LAST REVIEW DATE: 11/19/2020  
LAST CRITERIA REVISION DATE: 11/19/2020  
ARCHIVE DATE:

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**AIMOVIG™ (ereenumab) subcutaneous injection**  
**AJOVY™ (fremanezumab-vfrm) subcutaneous injection**  
**EMGALITY™ (galcanezumab-gnlm) subcutaneous injection**

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Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602)



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864-3126 or emailed to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com). Incomplete forms or forms without the chart notes will be returned.

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**Section A. Migraine Headaches:**

**Aimovig (erenumab)**  
**Ajovy (fremanezumab-yfrm)**  
**Emgality (galcanezumab-gnlm)**

**Criteria:**

- **Criteria for initial therapy:** Aimovig (erenumab), Emgality (galcanezumab-gnlm), or Ajovy (fremanezumab-vfrm) is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:
  1. Prescriber is **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional authorized by his or her license to prescribe Aimovig, Ajovy, or Emgality **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual is 18 years of age or older
  3. A confirmed diagnosis of **ONE** of the following types of migraine:
    - a. Episodic migraine, defined as an individual with migraine who has between 4-14 migraine headache days per month and not more than 14 headache days per month
    - b. Chronic migraine, defined as an individual with migraine who has 15 or more headache days per month for more than 3 months, of which 8 days per month meet the features of migraine with or without aura
  4. Will not be used concurrently or alternating with Botox (onabotulinumtoxin A), or other CGRP related therapy or Reyvow (lasmiditan)
  5. There is no history of cluster headache or hemiplegic migraine
  6. Use is not for medication overuse headache or rebound headache or medication withdrawal headache
  7. The patient has had a previous trial of any **TWO** of the following preventative migraine agents where the dose has been stable for at least 2 months (60 days):
    - a. Beta-blocker: atenolol, metoprolol, nadolol, propranolol, or timolol



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- b. Antidepressant: amitriptyline or venlafaxine
- c. Anticonvulsant: topiramate, divalproex sodium, or sodium valproate

**8. Additional criteria for Ajovy (fremanezumab-vfrm) only:**

- a. The patient has had a contraindication or intolerance or trial of at least 3 months to **BOTH** Aimovig (erenumab) and Emgality (galcanezumab-gnlm)

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** Aimovig (erenumab), Emgality (galcanezumab-gnlm) or Ajovy (fremanezumab-vfrm) is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by ONE of the following:
  - a. Neurologist
  - b. A licensed professional authorized by his or her license to prescribe Aimovig or Emgality **and ONE** of the following:
    - i. Is prescribing in consultation with a Neurologist or Pain Specialist
    - ii. Is certified as a headache specialist by the UCNS
    - iii. Has earned a CAQ in Headache Medicine from the National Headache Foundation
2. Individual's condition responded while on therapy
  - a. Response is defined as **ALL** of the following:
    - i. At least a 50% reduction in the number of migraine days per month from baseline
    - ii. A reduction in the number of days of use of acute migraine-specific medications from baseline
    - iii. No emergency room or urgent care visits for acute migraine treatment
3. Individual has been adherent with the medication
4. Will not be used concurrently or alternating with Botox (onabotulinumtoxin A), or other CGRP related therapy or Reyvow (lasmiditan)
5. Individual has not developed any significant level 4 adverse drug effects that may exclude continued use

**Renewal duration:** 12 months

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**Section B. Episodic Cluster Headaches:**

**Emgality (galcanezumab-gnlm)**

**Criteria:**

- **Criteria for initial therapy:** Emgality (galcanezumab-gnlm) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Prescriber is **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional authorized by his or her license to prescribe Emgality **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual is 18 years of age or older
  3. A confirmed diagnosis of episodic cluster headache according to International Headache Society (IHS) International Classification of Headache Disorders (ICHD)
  4. Will not be used as an abortive treatment for an acute cluster headache episode
  5. Individual uses **either** oxygen or sumatriptan (subcutaneous or intranasal) or intranasal zolmitriptan or other abortive therapy for acute episodes of cluster headache
  6. Will not be used concurrently or alternating with Botox (onabotulinumtoxin A), or other CGRP related therapy or Reyvow (lasmiditan)
  7. There is no history of migraine headache or hemiplegic migraine
  8. Use is not for medication overuse headache or rebound headache or medication withdrawal headache
  9. The patient has had a previous trial of any **TWO** of the following preventative cluster headache agents where the dose has been stable for at least 2 months (60 days)
    - a. Verapamil
    - b. Prednisone or dexamethasone
    - c. Topiramate
    - d. Lithium carbonate

**Initial approval duration:** 2 months



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- **Criteria for continuation of coverage (renewal request):** Emgality (galcanezumab-gnlm) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual continues to be seen by **ONE** of the following:
    - a. Neurologist
    - b. A licensed professional authorized by his or her license to prescribe Emgality **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the UCNS
      - iii. Has earned a CAQ in Headache Medicine from the National Headache Foundation
  2. Individual's condition responded while on therapy
    - a. Response is defined as **TWO** of the following:
      - i. A reduction in the weekly cluster headache attack frequency from baseline
      - ii. At least a 50% reduction in the weekly cluster headache frequency from baseline
      - iii. No emergency room or urgent care visits for acute treatment
  3. Will not be used concurrently with Botox (onabotulinumtoxin A), or other CGRP related therapy or Reyvow (lasmiditan)
  4. Individual has not developed any significant level 4 adverse drug effects that may exclude continued use

**Renewal duration:**

**Emgality:** One carton per month with three 100 mg prefilled syringes for 6 months

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**Definitions:**

**Migraine day:**

- Any calendar day in which the patient experiences a qualified migraine headache (onset, continuation, or recurrence of the migraine headache)
- A qualified migraine is defined a migraine with or without aura, lasting  $\geq 30$  minutes that meets at least one of the following:
  - $\geq 2$  of the following pain features: unilateral, throbbing, moderate to severe, or exacerbated with exercise/physical activity
  - $> 1$  of the following associated non-pain features: nausea and or vomiting, or both photophobia, and phonophobia
- Any calendar day on which acute migraine-specific medication was used is counted as a migraine day

**Episodic migraine:**

- Individual with migraine who has between 4 to 14 migraine headache days per month

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**Chronic migraine:**

- Individual with migraine who has 15 or more headache days per month for more than 3 months, of which 8 days per month meet the features of migraine with or without aura
- Features of migraine headache include:
  - Lasts 4-72 hours **AND** has at least 2 of the following 4 characteristics:
    - Unilateral, pulsating, moderate or severe pain intensity, aggravates or causes avoidance of routine physical activity
  - **AND** associated with at least one of the following during the headache:
    - Nausea and/or vomiting or photophobia and phonophobia.

**2013 Canadian Headache Society (CHS) – medications for acute migraine:**

2013 Canadian Headache Society (CHS) Summary of Recommendations*		
Recommended For Use in Episodic Migraine** (Use)		
Drug	Recommendation	
	Recommendation Strength	Quality of Evidence
Almotriptan	Strong	High
Eletriptan	Strong	High
Frovatriptan	Strong	High
Naratriptan	Strong	High
Rizatriptan	Strong	High
Sumatriptan	Strong	High
Zolmitriptan	Strong	High
Aspirin	Strong	High
Diclofenac	Strong	High
Ibuprofen	Strong	High
Naproxen	Strong	High
Acetaminophen	Strong	High
Domeridone	Strong	Low
Metoclopramide	Strong	Moderate
Dihydroergotamine	Weak	Moderate
Ergotamine	Weak, not recommended for routine use	Moderate
Opioid containing compounds	Weak, not recommended for routine use	Low
Tramadol containing compounds	Weak, not recommended for routine use	Moderate
Not Recommended for Use in Episodic Migraine** (Do not use***)		
Butalbital containing compounds	Strong	Low
Butorphanol	Strong	Low

\*Utilizing Grading of Recommendations Assessment, Development and Evaluation (GRADE) Criteria  
 \*\*Migraine with headache on less than 15 days a month  
 \*\*\* Except under exceptional circumstances

Metoclopramide strongly recommended for use when necessary

**Cluster headache:**

- The most common type of Trigeminal Autonomic Cephalalgias (TAC)
- Attacks of severe orbital, supraorbital, or temporal pain, accompanied by autonomic phenomena and/or restless or agitation



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- Unilateral autonomic symptoms associated with cluster headache include ptosis, miosis, lacrimation, conjunctival injection, rhinorrhea, and nasal congestion, occur only during the pain attack and are ipsilateral to the pain
- The attacks may strike up to eight times a day and are relatively short-lived (usually 15-180 minutes)
- The headache is strictly unilateral; the symptoms remain on the same side of the head during a single cluster attack
- The symptoms can switch to the other side during a different cluster attack (so-called side shift) in approximately 15% of cases
- In contrast to migraine, patients with cluster are restless and prefer to pace about or sit and rock back and forth

**Diagnostic criteria for cluster headache:**

<b>Cluster headache:</b> Diagnostic criteria for cluster headache require the following:
A. At least <b>five attacks</b> fulfilling criteria B through D
B. Severe or very severe <b>unilateral</b> orbital, supraorbital, and/or temporal pain lasting 15-180 minutes when untreated; during part (but less than half) of the active time course of cluster headache, attacks may be less severe and/or of shorter or longer duration
C. <b>Either or both</b> of the following:
1. At least <b>one</b> of the following symptoms or signs ipsilateral to the headache:
a) Conjunctival injection and/or lacrimation
b) Nasal congestion and/or rhinorrhea
c) Eyelid edema
d) Forehead and facial sweating
e) Miosis and/or ptosis
2. A sense of restlessness or agitation
D. Attacks have a frequency between one every other day and eight per day; during part (but less than half) of the active time-course of cluster headache, attacks may be less frequent
E. Not better accounted for by another ICHD-3 diagnosis
<b>Episodic cluster headache:</b> Diagnostic criteria for episodic cluster headache require the following:
A. Attacks fulfilling criteria for cluster headache and occurring in bouts (cluster periods)
B. At least two cluster periods lasting from seven days to one year (when untreated) and separated by pain-free remission periods of three months or more

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**Chronic cluster headache:**

Diagnostic criteria for chronic cluster headache require the following:

A. Attacks fulfilling criteria for cluster headache

B. Attacks occurring without a remission period, or with remissions lasting less than three months, for at least one year

*Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia 2018; 38:1.*

Identification of headache type: migraine, tension, or cluster			
	Migraine	Tension	Cluster
Location	Unilateral	Bilateral	Supraorbital/temporal
Pain intensity <sup>1</sup>	Moderate to severe	Mild to moderate	Severe
Duration	4–72 hours	30 minutes to 7 days	15–180 minutes
Characterization of pain	Pulsing	Pressure/squeezing	Boring/stabbing
Sensitivity to light/sound	One or both may be present	Both are absent or only one is present	No
Nausea/vomiting	One or both may be present	No	One or both may be present
Aggravated by routine activity	Yes	No	No
Aura	May be present	No	No
Associated symptoms	None	None	Miosis, ptosis, rhinorrhea

<sup>1</sup> Pain intensity

- Mild—Patient is aware of a headache, but is able to continue daily routine with minimum alterations.
- Moderate—The headache inhibits daily activities; migraine pain is more noticeable but is not incapacitating.
- Severe—The headache is incapacitating such that patient is no longer able to engage in normal activities.

**CGRP related agents:**

Prevention of migraine:

- Vyepti (eptinezumab-jjmr)
- Aimovig (erenumab)
- Ajovy (fremanezumab-vfrm)
- Emgality (galcanezumab)
  - Also for cluster headache

Acute migraine:

- Nurtec ODT (rimegepant)
- Ubrelvy (ubrogepant)





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**Serotonin (5-HT) 1F receptor agonist:**

Acute migraine:

- Reyvow (lasmiditan)

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**Resources:**

Aimovig (erenumab) product information, revised by manufacturer Amgen, Inc. 04-2020, at DailyMed <http://dailymed.nlm.nih.gov> accessed October 12, 2020.

Ajovy (fremanezumab-vfrm) product information, revised by manufacturer Teva Pharmaceuticals USA, Inc. 06-2020, at DailyMed <http://dailymed.nlm.nih.gov> accessed October 12, 2020.

Emgality (galcanezumab-gnlm) product information, revised by manufacturer Eli Lilly and Company 12-2019, at DailyMed <http://dailymed.nlm.nih.gov> accessed October 12, 2020.

Smith JH. Acute treatment of migraine in adults. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. <http://uptodate.com>. Accessed on October 18, 2020.

Smith JH. Preventive treatment of migraine in adults. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. <http://uptodate.com>. Accessed on October 18, 2020.

Garza I, Schwedt TJ. Chronic migraine. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. <http://uptodate.com>. Accessed on October 18, 2020.

May A. Cluster headache: Treatment and prognosis. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. <http://uptodate.com>. Accessed on October 18, 2020.

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