MEDICAL MUTUAL®

Drug Policy

Policy:	**201815**	**Initial Effective Date: 06/17/2018**
Code(s):	**HCPCS J3590**	**Annual Review Date: 09/21/2023**
SUBJECT:	**Calcitonin Gene-Related Peptide (CGRP) Antagonist** • **Aimovig (erenumab-aooe)** • **Ajovy (fremanezumab-vfrm)** • **Emgality (galcanezumab-gnlm)**	**Last Revised Date: 09/21/2023**

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

OVERVIEW

The calcitonin gene-related peptide (CGRP) pathway is involved in pain modulation. CGRP monoclonal antibodies block the receptor which plays a role in migraine activation. The development of CGRP antagonist for prevention of episodic and chronic migraine has created another treatment option for migraine suffers. Comparative studies between traditional prevention treatments such as beta blockers, Botox (Onabotulinumtoxin A), and select antidepressants/anticonvulsants are still pending. Aimovig, Ajovy, and Emgality, calcitonin gene-related peptide (CGRP) receptor antagonists, are indicated for the preventive treatment of migraine in adults.

POLICY STATEMENT

This policy involves the use of Aimovig, Ajovy, or Emgality. Prior authorization is recommended for pharmacy and medical benefit coverage of Aimovig, Ajovy, or Emgality. Approval is recommended for those who meet the conditions of coverage in the **Criteria, Dosing, Initial/Extended Approval, Duration of Therapy**, and **Labs/Diagnostics** for the diagnosis provided. **Waste Management** applies for all covered conditions that are administered by a healthcare professional. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria and Waste Management section. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

The Site of Care Medical Necessity Criteria applies to initial therapy and reauthorizations under the medical benefit.*

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of **Aimovig, Ajovy or Emgality** is recommended in those who meet the following criteria:

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1. Migraine Headache Prevention. Approve if the patient meets all the following criteria (A, B, C, D, *and* E):

A) Patient is ≥ 18 years of age; AND
B) Patient has ≥ 4 migraine headache days per month (prior to initiating a migraine-preventive medication); AND
C) Patient has tried at least two standard prophylactic (preventive) pharmacologic therapies, each from a different pharmacologic class; AND
Note: Examples of standard prophylactic (preventive) pharmacologic therapies for migraine include angiotensin receptor blocker, angiotensin converting enzyme inhibitor, anticonvulsant, beta-blocker, calcium channel blocker, tricyclic antidepressant, other antidepressant, or Botox (Onabotulinumtoxin A). Of note, "standard prophylactic (preventive) pharmacologic therapies" do **not** include oral or injectable CGRP inhibitors.
D) Patient meets ONE of the following criteria (i, ii, or iii):
i. Patient has had inadequate efficacy to both of those standard prophylactic (preventive) pharmacologic therapies, according to the prescriber; OR
ii. Patient has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic (preventive) pharmacologic therapies, according to the prescriber; OR
iii. Patient meets BOTH of the following (a and b):
a) Patient has had inadequate efficacy to one standard prophylactic (preventive) pharmacologic therapy; AND
b) Patient has experienced adverse event(s) severe enough to warrant discontinuation to another standard prophylactic (preventive) pharmacologic therapy, according to the prescriber; AND
E) Site of care medical necessity is met.*

2. Episodic Cluster Headache Treatment. Approve for Emgality if patient meets all the following criteria (A, B, C, D, *and* E)

A) Patient is ≥ 18 years of age; AND
B) Patient has between one headache every other day and eight headaches per day; AND
C) Patient has tried at least one standard prophylactic (preventive) pharmacologic therapy for cluster headache; AND
Note: Examples of standard prophylactic (preventive) pharmacologic therapies for cluster headache include lithium, verapamil, melatonin, frovatriptan, prednisone, suboccipital steroid injection, topiramate, and valproate.
D) Patient has had inadequate efficacy or has experienced adverse event(s) severe enough to warrant discontinuation of the standard prophylactic (preventive) pharmacologic therapy, according to the prescriber; AND
E) Site of care medical necessity is met.*

3. Continuation of treatment for Episodic Cluster Headache Treatment or Migraine Headache Prevention. Approve if patient meets the following criteria (A *and* B):

A) If the patient is currently taking a CGRP antagonist, the patient has had a significant clinical benefit from the medication as determined by the prescriber; AND
Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time that a CGRP antagonist was initiated.

B) Site of care medical necessity is met.*

Dosing for Migraine prophylaxis.

Aimovig: SubQ: Initial: 70 mg once a month; some patients may benefit from 140 mg once a month (given as 2 consecutive 70 mg injections)

Ajovy: SubQ: 225 mg monthly or 675 mg every 3 months (quarterly), which is administered as three consecutive SC injections of 225 mg each.
NOTE: When switching dosage options, administer the first dose of the new regimen on the next scheduled date of administration. If a dose of Ajovy is missed, administer as soon as possible. Thereafter, Ajovy can be scheduled from the date of the last dose.

Emgality:
SubQ: 240 mg as a single loading dose, followed by 120 mg once monthly for chronic migraine indication
SubQ: 300 mg (administered as three consecutive injections of 100 mg each) at the onset of the cluster period, and then monthly until the end of the cluster period

Initial Approval/ Extended Approval.
A) *Initial Approval:* 3 months (90 days) for all indications
B) *Extended Approval:*
6 months (180 days) for episodic cluster headaches
1 year (365 days) for all other indications

Duration of Therapy: Indefinite unless patient experiences adverse side effect or loss of beneficial response.

Labs/Diagnostics. None.

Waste Management for All Indications.
Solution Auto-injector, Subcutaneous [preservative free]:
Aimovig: 70 mg/mL (1 mL) [contains polysorbate 80]
Aimovig 140 Dose: 70 mg/mL (1 mL) [contains polysorbate 80]

Solution Prefilled Syringe, Subcutaneous [preservative free]:
Ajovy: 225 mg/1.5 mL (1.5 mL) [contains disodium edta, polysorbate 80]

Solution Auto-injector, Subcutaneous [preservative free]:
Emgality: 120 mg/mL (1 mL) [contains polysorbate 80]
Emgality: 100 mg/mL (1 mL)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Calcitonin Gene-Related Peptide (CGRP) Antagonists has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Acute Treatment of Migraine.** Clinical data is currently lacking for the use of Aimovig, Ajovy, or Emgality in the acute treatment of migraine.

2. **Cluster Headache, Treatment or Prevention.** Aimovig and Ajovy have not been studied in patients with cluster headache. The pivotal trials of Aimovig and Ajovy excluded patients with this condition.

3. **Chronic Cluster Headaches.** Aimovig, Ajovy, and Emgality have not been studied in patients with chronic cluster headache.

4. **Hemiplegic Migraine, Treatment or Prevention.** Aimovig, Ajovy, and Emgality have not been studied in patients with hemiplegic migraine. The pivotal trials of Aimovig, Ajovy, and Emgality excluded patients with this condition.

5. **Concurrent use with another calcitonin gene-related peptide (CGRP) inhibitor being prescribed for migraine headache prevention.**

   Note: CGRP inhibitors that are indicated for migraine headache prevention include Aimovig® (erenumab-aooe subcutaneous injection), Ajovy® (fremanezumab-vfrm subcutaneous injection), Emgality® (galcanezumab-gnlm subcutaneous injection), Vyepti (eptinezumab-jjmr intravenous infusion), and Qulipta™ (atogepant tablets). Aimovig, Ajovy, Emgality, and Vyepti are CGRP inhibitors for migraine prevention and have not been studied for use in combination with another agent in the same class. Qulipta is an oral CGRP inhibitor for the preventive treatment of episodic migraine in adults.

6. **Concurrent use with Nurtec® ODT (rimegepant sulfate orally disintegrating tablet) when used as a preventive treatment of migraine.** Nurtec ODT is an oral CGRP inhibitor for the acute treatment of migraine and for the preventive treatment of episodic migraine in adults.

7. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation

supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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10. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company: June 2019.
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12. Galcanezumab-gnlm. In: DRUGDEX [online database]. Truven Health Analytics; Greenwood Village, CO. Last updated 2 November 2018. Accessed on 21 May 2019.
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FOR MEDICAL BENEFIT COVERAGE REQUESTS:

*MMO Site of Care Medical Necessity Criteria:

Medications in this policy will be administered in a place of service that identifies the location to be a non-hospital facility-based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center) unless *at least one* of the following are met†:

1. Age less than 18* years; or
2. Clinically unstable based upon documented medical history (e.g., patient is hemodynamically unstable); or

3. History of a severe adverse event from previous administration of the prescribed medication; or
4. Requested medication is being administered as follows:
   - part of a chemotherapy regimen (e.g., anti-neoplastic agent, colony stimulating factor, erythropoiesis-stimulating agent, anti-emetic) for treatment of cancer; or
   - administered with dialysis; or
5. Physical or cognitive impairment and caregiver is not available to assist with safe administration of prescribed medication in the home; or
6. ***No*** **doses allowed in a hospital-based outpatient facility doses. All doses need to be at NHFBL**
7. Experiencing adverse events that are not managed by premedication or resources available at a non-hospital facility based location.

[*]**Effective 01/01/2019, age criterion applies to 18 years of older. Age at original effective date (03/01/2016) was 21 years or older.**

[†]**This criterion does not apply to Medicare or Medicare Advantage members.**

Prior approval is required for HCPCS Codes J3590

[†]**When *unclassified biologics* (J3590) is determined to be Aimovig, Ajovy, or Emgality**

Edits and Denials:

Prior approval: Prior approval is required for **Calcitonin Gene-Related Peptide (CGRP) antagonist (HCPCS Codes J3590)**. Requests for prior approval will be authorized by a nurse reviewer if submitted documentation meets criteria outlined within the Corporate Medical Policy.

Requests for prior approval will be forwarded to a qualified physician reviewer if submitted documentation does not meet criteria outlined within Corporate Medical Policy.

TOPPS: Claims received with **HCPCS Codes J3590** will pend with **Remark Code M3M or M4M** and will be adjudicated in accordance with the Corporate Medical Policy.

Liability: A participating provider will be required to write off charges denied as not medically necessary.

HCPCS Code(s):	
J3590	Unclassified biologics

Appendix 1

International Headache Society Criteria for Migraine Diagnosis (ICHD-3) for Migraine

Migraine without aura	Migraine with aura
A. At least five attacks fulfilling criteria B–D B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) C. Headache has at least two of the following four characteristics: 1. Unilateral location 2. Pulsating quality 3. Moderate or severe pain intensity 4. Aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs) D. During headache at least one of the following: 1. Nausea and/or vomiting 2. Photophobia and phonophobia E. Not better accounted for by another ICHD-3 diagnosis.	A. At least two attacks fulfilling criteria B and C B. One or more of the following fully reversible aura symptoms: 1. Visual 2. Sensory 3. Speech and/or language 4. Motor 5. Brainstem 6. Retinal C. At least three of the following six characteristics: 1. At least one aura symptom spreads gradually over ≥5 minutes 2. Two or more aura symptoms occur in succession 3. Each individual aura symptom lasts 5-60 minutes 4. At least one aura symptom is unilateral 5. At least one aura symptom is positive 6. The aura is accompanied, or followed within 60 minutes, by headache D. Not better accounted for by another ICHD-3 diagnosis

Appendix 2

International Headache Society Criteria for Cluster Headache Diagnosis (ICHD-3) for Cluster Headache (Episodic)

A. *At least five attacks fulfilling criteria B-D and occurring in bouts (cluster periods);*

B. *Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes (when untreated);*

C. *Either or both of the following:*

a. At least one of the following symptoms or signs, ipsilateral to the headache:

i. *Conjunctival injection and/or lacrimation*
ii. *Nasal congestion and/or rhinorrhea*
iii. *Eyelid edema*
iv. *Forehead and facial sweating*
v. *Miosis and/or ptosis*

b. *A sense of restlessness or agitation;*

D. *Occurring with a frequency between one every other day and 8 per day;*

E. *At least two cluster periods lasting from 7 days to 1 year (when untreated) and separated by pain-free remission periods of ≥3 months;*

F. *Not better accounted for by another ICHD-3 diagnosis.*