VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Calcitonin Gene-Related Peptide Inhibitors – Ajovy Prior Authorization Policy
- Ajovy® (fremanezumab-vfrm subcutaneous injection – Teva)

REVIEW DATE: 04/21/2021; selected revision 07/21/2021

OVERVIEW

Ajovy, a calcitonin gene-related peptide (CGRP) antagonist, is indicated for the **preventive treatment of migraine** in adults.[1]

Disease Overview

Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for > 3 months and has the features of migraine headache on ≥ 8 days/month.[2] Episodic migraine is characterized by headaches that occur < 15 days/month.[3,4] Episodic migraine is more common than chronic migraine; however, chronic migraine is associated with a markedly greater personal and societal burden.

Guidelines

An updated assessment of the **preventive and acute treatment of migraine** by the **American Headache Society (AHS)** [2018)] reaffirms previous migraine guidelines.[5] Patients with migraine should be considered for preventive treatment when attacks significantly interfere with patients' daily routines despite acute treatment; frequent attacks (≥ 4 monthly headache days); contraindication to, failure, overuse, or adverse events with acute treatments; or patient preference. Before developing a preventive treatment plan, the appropriate use (e.g., drug type, route and timing of administration, frequency) of acute treatments should be initiated and coupled with education and lifestyle modifications. All patients with migraine should be offered a trial of acute treatment. Based on the level of evidence for efficacy and the American Academy of Neurology scheme for classification of evidence, the following oral treatments have established efficacy and should be offered for migraine prevention: antiepileptic drugs (divalproex sodium, valproate sodium, topiramate [not for women of childbearing potential without a reliable method of birth control]); beta-blockers (metoprolol, propranolol, timolol); and frovatriptan (for short-term preventive treatment of menstrual migraine).[6] The following treatments are probably effective and should be considered for migraine prevention: antidepressants (amitriptyline, venlafaxine); beta-blockers (atenolol, nadolol); and angiotensin receptor blockers (candesartan).

Four injectable preventive therapies for migraine are mentioned in the AHS consensus statement: Botox® (onabotulinumtoxinA injection) and three monoclonal antibodies targeting CGRP (Aimovig® [erenumab-aooe injection], Ajovy, and Emgality® [galcanezumab-gnlm injection]).[5] Of note, Vyepti™ (eptinezumab-jjmr injection) had not been approved at the time of the consensus statement. The update states that a CGRP inhibitor should only be initiated in patients who are diagnosed with migraine, have ≥ 4 migraine headache days per month, and have intolerance or inadequate response to 6-week trials of at least two traditional oral migraine preventive medications. Additional criteria apply depending on the number and severity of monthly headache days. Clinical judgment may result in an emerging treatment being added to one or more established treatments. If initiating treatment with a CGRP inhibitor in a patient already on a preventive treatment, it is appropriate to add the CGRP inhibitor to the existing regimen and make no other changes until the effectiveness of the CGRP inhibitor is determined since the risk of interactions between traditional oral migraine preventive medications and the CGRP inhibitors is minimal or nonexistent. Making a decision regarding continuation of therapy for a CGRP inhibitor requires a trial of the medication for at least 3 months, and treatment should be continued only if benefits can be documented during that time (e.g.,

reduction in mean monthly headache days of ≥ 50% relative to the pretreatment baseline). Since migraine may improve or remit over time, it is important to reevaluate therapeutic response and, if possible, taper or discontinue treatment if patients no longer meet the criteria for offering preventive treatment. However, once control is established, the decision to discontinue or taper treatment should be a shared decision between patient and clinician.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Ajovy. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ajovy is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Migraine Headache Prevention.** Approve Ajovy for 1 year if the patient meets 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 include angiotensin receptor blocker, angiotensin converting enzyme inhibitor, anticonvulsant, beta-blocker, calcium channel blocker, tricyclic antidepressant, other antidepressant.
   - **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 has had inadequate efficacy to one standard prophylactic (preventive) pharmacologic therapy and has experienced adverse event(s) severe enough to warrant discontinuation to another standard prophylactic (preventive) pharmacologic therapy, according to the prescriber; AND
   - **E)** Patient meets ONE of the following (i, ii, or iii):
     - **i.** Patient is NOT taking a calcitonin gene-related peptide (CGRP) inhibitor for migraine headache prevention and meets ONE of the following (a or b):
       Note: CGRP inhibitors used for migraine headache prevention are Aimovig (erenumab-aooe injection), Ajovy, Emgality (galcanezumab-gnlm injection), and Vyepti (eptinezumab-jjmr injection).
       - **a)** Patient has tried at least one triptan therapy; OR
       - **b)** Patient has a contraindication to triptan(s) according to the prescriber; OR
       Note: Examples of contraindications to triptans include a history of coronary artery disease; cardiac accessory conduction pathway disorders; history of stroke, transient ischemic attack,

or hemiplegic or basilar migraine; peripheral vascular disease; ischemic bowel disease; uncontrolled hypertension; or severe hepatic impairment.

ii. Patient is currently taking Ajovy and has had a significant clinical benefit from the medication as determined by the prescriber; OR
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 Ajovy was initiated.

iii. Patient is switching from a different CGRP inhibitor for migraine headache prevention to Ajovy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Ajovy is not recommended in the following situations:

1. **Acute Treatment of Migraine.** Ajovy has not been studied for the acute treatment of migraine.

2. **Cluster Headache, Treatment or Prevention.** Ajovy has not been found to be effective in a Phase III clinical trial in patients with chronic cluster headache.[7] A trial of Ajovy in episodic cluster headache is on-going.

3. **Combination Therapy with Aimovig (erenumab-aooe injection), Emgality (galcanezumab-gnlm injection), Vyepti (eptinezumab-jjmr injection), or preventive treatment of migraine with Nurtec™ ODT (rimegepant sulfate orally disintegrating tablet).** Ajovy, Aimovig, Emgality, and Vyepti are calcitonin gene-related peptide (CGRP) inhibitors for migraine prevention and have not been studied for use in combination with another agent in the same class.[8-10] Nurtec ODT is an oral CGRP inhibitor for the acute treatment of migraine and for the preventive treatment of episodic migraine in adults.[11]

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

REFERENCES

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2. Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 3rd edition (beta version). *Cephalalgia*. 2013;33:629-808.
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4. Lipton RB, Silberstein SD. Episodic and chronic migraine headache: breaking down barriers to optimal treatment and prevention. *Headache*. 2015;52:103-122.
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6. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012;78(17):1337-1345.
7. Teva announces update on fremanezumab clinical development for use in episodic cluster headache [press release]. North Wales, PA: Teva Pharmaceuticals USA; April 23, 2019. Available at: https://www.tevapharm.com/news-and-media/latest-news/. Accessed on April 19, 2021.
8. Aimovig® injection for subcutaneous use [prescribing information]. Thousand Oaks, CA: Amgen; February 2021.
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10. Vyepti™ injection for intravenous use [prescribing information]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.; February 2020.
11. Nurtec™ ODT [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals; May 2021.