MEDICAL MUTUAL®

Drug Policy

Policy:	**201815**	**Initial Effective Date: 06/17/2018**
Code(s):	**HCPCS J3590**	**Annual Review Date: 05/17/2018**
SUBJECT:	**Calcitonin Gene-Related Peptide (CGRP) Antagonist** • **Aimovig (erenumab-aooe)** • **Ajovy (fremanezumab-vfrm)** • **Emgality, (galcanezumab-gnlm)**	**Last Revised Date: 10/20/2018**

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.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Aimovig, Ajovy, or Emgality as well as the monitoring required for AEs and long-term efficacy, initial approval requires Aimovig, Ajovy, or Emgality be prescribed by or in consultation with a physician who specializes in the condition being treated. 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 the above **CGRP antagonist** is recommended in those who meet the following criteria:

1. Chronic Migraine.

Approve if the patient meets all of the following criteria (i, ii, iii, iv, v, vi, vii and viii):

i. Patient has a chronic migraine diagnosis according to the International Headache Society Criteria for Migraine Diagnosis (ICHD-3) (see appendix 1) [documentation required]; AND
ii. Patient is ≥ 18 years of age; AND
iii. Prescription is prescribed by a neurologist, pain specialist, ophthalmologist, or a physician certified in headache medicine; AND
iv. Patient has 15 or more headache days per month for greater than or equal to 3 months; AND
v. The provider has ruled out medication overuse as a possible cause of the migraine; AND
vi. The patient meets ONE of the following (a or b):
    a. Patient has tried at least one triptan therapy; OR
    b. Patient has a contraindication to triptans according to the prescribing physician; AND
vii. Patient has tried at least two standard prophylactic pharmacologic therapies, each from a different pharmacologic class (at a maximum tolerated dose) each consisting of a 3-month trial unless an intolerance or contraindication exists [documentation required] (a and b):
    a. One trial from a standard prophylactic pharmacologic therapy not specified: antidepressants such as amitriptyline or venlafaxine, beta blockers such as atenolol, metoprolol, nadolol, propranolol, timolol, or other medication such as divalproex sodium, topiramate; AND
    b. Botox (Onabotulinumtoxin A).
viii. Site of care medical necessity is met.*

2. Episodic Migraine.

Approve if the patient meets all of the following criteria (i, ii, iii, iv, v, vi, vii and viii):

i. Patient has a migraine diagnosis according to the International Headache Society Criteria for Migraine Diagnosis (ICHD-3) (see appendix 2) [documentation required]; AND
ii. Patient is ≥ 18 years of age; AND
iii. Prescription is prescribed by a neurologist, pain specialist, ophthalmologist, or a physician certified in headache medicine; AND
iv. Patient has at least 3 headache days per month requiring bed rest or classified as severe impairment OR four headache days with at least some impairment; AND
v. The provider has ruled out medication overuse as a possible cause of the migraine; AND
vi. The patient meets ONE of the following (a or b):
    a. Patient has tried at least one triptan therapy; OR
    b. Patient has a contraindication to triptans according to the prescribing physician; AND
vii. Patient has tried at least two standard prophylactic pharmacologic therapies, each from a different pharmacologic class (at a maximum tolerated dose) each consisting of a 3-month trial unless an intolerance or contraindication exists [documentation required]: antidepressants such as amitriptyline or venlafaxine, beta blockers such as atenolol, metoprolol, nadolol, timolol, propranolol, or other medication such as divalproex sodium, or topiramate.
viii. Site of care medical necessity is met.*

3. Continuation of treatment for Episodic or Chronic Migraine. Approve if patient has had a decrease in migraine frequency (days) per prescribing physician [documentation required] and 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

Initial Approval/ Extended Approval.
A) *Initial Approval:* 3 months (90 days)
B) *Extended Approval:* 1 year (365 days)

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]

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. Concurrent use of Botox (Onabotulinumtoxin A).

2. Acute treatment of migraines.

3. Cluster headaches.

4. Hemiplegic migraines.

5. 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

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen; May 2018.
2. Institute for clinical and economic review. Calcitonin Gene-Related Peptide (CGRP) Inhibitors as Preventive Treatments for Patients with Episodic or Chronic Migraine: Effectiveness and Value. December 4, 2017.
3. MaassenVanDenBrink A, Terwindt GM, van den Maagdenberg AM.. Calcitonin gene-related peptide (receptor) antibodies: an exciting avenue for migraine treatment. Genome Med. 2018 Feb 22;10(1):10. doi: 10.1186/s13073-018-0524-7.
4. Giamberardino MA, Affaitati G, Costantini R et al. Calcitonin gene-related peptide receptor as a novel target for the management of people with episodic migraine: current evidence and safety profile of erenumab. J Pain Res. 2017 Dec 8;10:2751-2760. doi: 10.2147/JPR.S128143. eCollection 2017.
5. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults. American Academy of Neurology. 2012 Apr 24;78(17):1337-45.
6. Estemalik e., Tepper S. Preventive treatment in migraine and the new US guidelines. Neuropsychiatr Dis Treat. 2013; 9: 709–720. Published online 2013 May 17. doi: 10.2147/NDT.S33769
7. Silberstein, SD. Practice parameters: evidence-based guidelines for migraine headaches (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. April 1, 2000.
8. Goadsby PJ, Reuter U, Hallström 1, et al. A Controlled Trial of Erenumab for Episodic Migraine. N Engl J Med. 2017 Nov 30;377(22):2123-2132. doi: 10.1056/NEJMoa1705848.
9. Ajovy [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc: September, 2018.
10. Emgality [package insert]. Indianapolis, IN: Eli Lilly and Company: September, 2018.

MEDICAL MUTUAL®

Drug Policy

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**

HCPCS Code(s):	
J3590	Unclassified biologics

Appendix 1

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

A. *Headache (tension-type-like and/or migraine-like) on ≥ 15 days per month for > 3 months and fulfilling criteria B and C;*

B. *Occurring in a patient who has had at least five attacks fulfilling criteria B-D for 1.1 Migraine without aura and/or criteria B and C for 1.2 migraine with aura;*

C. *On ≥ 8 days per month for > 3 months, fulfilling any of the following:*
1. *Criteria C and D for 1.1 Migraine without aura; or*
2. *Criteria B and C for 1.2 Migraine with aura; or*
3. *Believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative;*

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

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

MEDICAL MUTUAL®

Drug Policy

Appendix 2

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

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