Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Fremanezumab-vfrm (Ajovy)

Notes:

Quantity Limits: Yes

& Moderate disability defined as MIDAS score greater than 11, or HIT-6 score greater than 50

- ^ Adequate trial is defined as 2 months treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Formulary fremanezumab-vfrm (Ajovy) will be covered on the prescription drug benefit when the following criteria are met:

- Patient is 18 years or older, **OR** patient is 15 to 17 years old AND medication is prescribed by Neurology
- Prescribed for treatment of:
 - Chronic migraine (headaches 15 days or more per month) OR
 - o Episodic migraine with headache frequency and severity as follows:
 - 4 to 7 monthly headache days AND at least moderate disability from headaches defined as MIDAS score greater than 11 or HIT-6 score greater than 50 OR
 - 8 to 14 headache days per month
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance^{*} to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or topiramate, or valproate, or onabotulinumtoxinA (Botox)
- Patient does not have history of the following events in the past 6 months:
 - Myocardial infarction (MI), stroke, transient ischemic attack (TIA), coronary artery bypass surgery
- Patient is not currently pregnant or breastfeeding

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Formulary fremanezumab-vfrm
(Ajovy) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed for the treatment of migraine (episodic or chronic)
- Patient has failed an adequate trial of or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic

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antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or topiramate, or valproate, or onabotulinumtoxinA (Botox)

• Patient is not currently pregnant or breastfeeding

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