



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FREMANEZUMAB-VFRM

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FREMANEZUMAB-VFRM	AJOVY	45236		GPI-10 (6770203020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of episodic migraines and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Ajovy is prescribed for the preventive treatment of migraines
 - Ajovy will NOT be used concurrently with other CGRP inhibitors (e.g., Aimovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention
 - The patient had a trial of ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol
 - The patient had a trial of TWO of the following preferred agents: Aimovig, Emgality, Nurtec ODT, Qulipta

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1.5mL per 30 days.**

If no, continue to #2.

2. Does the patient have a diagnosis of chronic migraines and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Ajovy is prescribed for the preventive treatment of migraines
 - Ajovy will NOT be used concurrently with other CGRP inhibitors (e.g., Aimovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention
 - The patient had a trial of ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol, or Botox [**Note: For Botox, previous trial of only NDCs # 00023-1145-01 or 00023-3921-02 are allowable**]
 - The patient had a trial of TWO of the following preferred agents: Aimovig, Emgality, Nurtec ODT, Qulipta

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1.5mL per 30 days.**

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline

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INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FREMANEZUMAB-VFRM (Ajovy)** requires the following rule(s) be met for approval:

A. You have migraines

B. **If you have episodic migraines (0-14 headache days per month), approval also requires:**

1. You are 18 years of age or older
2. Ajovy is prescribed for the preventive treatment of migraines
3. You will NOT use Ajovy concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Aimovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention
4. You have tried ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol
5. You have tried TWO of the following: Aimovig, Emgality, Nurtec ODT, Qulipta

C. **If you have chronic migraines (15 or more headache days per month), approval also requires:**

1. You are 18 years of age or older
2. Ajovy is prescribed for the preventive treatment of migraines
3. You will NOT use Ajovy concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Aimovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention
4. You have tried ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol, or Botox [**Note:** For Botox, previous trial of only NDCs 00023-1145-01 or 00023-3921-02 are allowable]
5. You have tried TWO of the following: Aimovig, Emgality, Nurtec ODT, Qulipta

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is Ajovy being prescribed for the preventive treatment of migraines **AND** does the patient meet the following criterion?

- Ajovy will NOT be used concurrently with other CGRP inhibitors (e.g., Aimovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?

- The patient has experienced a reduction in migraine or headache frequency of at least 2 days per month with Ajovy therapy
- The patient has experienced a reduction in migraine severity with Ajovy therapy
- The patient has experienced a reduction in migraine duration with Ajovy therapy

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1.5mL per 30 days.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FREMANEZUMAB-VFRM (Ajovy)** requires the following rule(s) be met for renewal:

- A. Ajovy is prescribed for the preventive treatment of migraines
- B. You will NOT use Ajovy concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Amovig, Emgality, Vyepti, Nurtec ODT, Qulipta) for migraine prevention
- C. You meet ONE of the following:
 1. You have experienced a reduction in migraine or headache frequency of at least 2 days per month with Ajovy therapy
 2. You have experienced a reduction in migraine severity with Ajovy therapy
 3. You have experienced a reduction in migraine duration with Ajovy therapy

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ajovy.

REFERENCES

- Ajovy [Prescribing Information]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; September 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 09/18

Client Approval: 02/22

P&T Approval: 01/22