

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Ajovy (fremanezumab)

Override(s)	Approval Duration
Prior Authorization	Initial request: 3 months Renewal requests: 1 year

Medications	Quantity Limit
Ajovy (fremanezumab)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Ajovy (fremanezumab) may be approved when the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Episodic migraine defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3 month period; **OR**
 - B. Chronic migraine defined as a headache occurring on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of a migraine headache (ICHD-3 beta);

AND

- II. Individual is using for prophylaxis of migraine headaches at a frequency of 4 or more migraine days per month;

AND

- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to two agents for migraine prophylaxis* (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence):
 - A. The following antidepressants: amitriptyline, venlafaxine; **OR**
 - B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol; **OR**
 - C. The following calcium channel blocker: verapamil; **OR**
 - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
 - E. Botox (for chronic migraine).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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*Agents for migraine prophylaxis – May require Prior Authorization

Renewal requests for Ajovy (fremanezumab) may be approved when the following criteria are met:

- I. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
- II. Individual has obtained clinical benefit deemed significant by individual or prescriber.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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