

POLICY NAME	Prophylactic Calcitonin Gene-Related Peptide	POLICY #	2643P
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **5.1** Not used in combination with another calcitonin gene-related peptide (CGRP) inhibitor (injectable or oral)

Coverage Criteria for Migraine Prophylaxis

- ☐ **1.1** Diagnosis of chronic migraine
- ☐ **1.2** Age 18 years or older
- ☐ **1.3** Physician attestation or documented trial and failure, intolerance or contraindication to at least TWO supported migraine preventative therapies (such as topiramate, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, nortriptyline, duloxetine, venlafaxine, divalproex or valproic acid)
 - Step through prophylactic therapies can be bypassed if provider indicates CGRP therapy first- line is warranted
- ☐ **1.4** Coverage of Emgality 120mg requires trial and failure of Aimovig AND Ajovy.

Emgality Coverage Criteria for Treatment of Episodic Cluster Headache

- ☐ **2.1** Diagnosis of cluster headache, meeting all of the following criteria:
 - At least two previous cluster headache attacks occurring in periods lasting from 7 days to one year, separated by pain-free periods lasting at least 3 months
 - Occurring with a frequency between one every other day and 8 per day
 - Other diagnoses have been ruled out
 - Symptoms including: – Severe unilateral orbital, supraorbital, or temporal pain lasting 15 to 180 minutes, and – At least one of the following: conjunctival injection and/or lacrimation; nasal congestion or rhinorrhea; eyelid edema; forehead and facial swelling; meiosis and/or ptosis; restlessness or agitation.
- ☐ **2.2** Ordered by or in consultation with a neurologist (nervous system doctor), pain specialist, or physician who specializes in the treatment of cluster headache management.

Coverage Criteria for Concurrent Use of a Prophylactic C-GRP and Botulinum toxin

- ☐ **3.1** Documentation showing that the member has had at least a 6 month trial of botulinum toxin without adequate improvement in migraine, OR References

- ☐ **3.2** Documentation showing that the member has had at least a 3 month trial of Aimovig, Ajovy, Emgality, Nurtec, Qulipta, or Vyepti as prophylactic treatment without adequate improvement in migraine
 - Coverage of Emgality 120mg requires trial and failure of Aimovig AND Ajovy.