

**Injectable CGRP Inhibitors:
 Aimovig (erenumab-aooe)
 Emgality (galcanezumab-gnlm)
 Effective 07/01/2026**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Aimovig and Emgality are calcitonin gene-related peptide receptor (CGRP) antagonists.

Aimovig (erenumab-aooe) is indicated for the preventive treatment of migraine in adults. The recommended dosage is 70 mg once monthly, although some patients may benefit from 140 mg once monthly.

Emgality (galcanezumab-gnlm) is indicated in adults for the:

- Preventive treatment of migraine
- Treatment of episodic cluster headache

The recommended dose for preventive treatment of migraine is 240 mg loading dose followed by monthly doses of 120 mg. The recommended dose for cluster headache is 300 mg initially at the onset of the cluster period and then monthly until the end of the cluster period.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following diagnosis-specific criteria are met:

Prophylactic Treatment of Migraines

Aimovig, Emgality 120 mg/mL

1. Member is 18 years of age or older
2. Requested medication is being used for prophylactic treatment of migraines
3. Member has been experiencing at least 4 migraine days per month
4. Member has had an inadequate response to a trial of at least TWO different prophylactic migraine medications each with different mechanisms of action (a total of 2 required trials) that have each been tried for at least 60 days in duration within the past 3 years. Both trials must be from Level A or Level B categories within the American Academy of Neurology Guidelines (AAN) (see Appendix)

- Requested medication will not be used in combination with another CGRP inhibitor for the preventive treatment of migraines

Note: triptans will not be considered as prophylactic options

Episodic Cluster Headaches

Emgality 100 mg/mL

- Member has a diagnosis of episodic cluster headaches
- Member is 18 years of age or older
- The member has experienced at least 5 episodes of cluster headaches within the past 12 months

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

- Submission of medical records (e.g., chart notes) documenting improvement as evidenced by a decrease in frequency and severity of migraines or cluster headaches.

Limitations

- Initial approvals will be granted for 3 months
- Reauthorizations will be granted for 12 months
- The following quantity limits apply

Drug Name and Dosage	Quantity Limit
Aimovig 70mg/mL	1 pen per 30 days
Aimovig 140mg/mL	1 pen per 30 days
Emgality	<u>Migraines</u> 2 pens (240mg) for initial month, then 1 pen per 30 days <u>Cluster headaches</u> Loading dose: 3x100mg (3 consecutive doses) Maintenance dose: 300mg every 4 weeks

Appendix

AAN Medication Guideline Recommendations for Migraine Prevention

- Level A:** The following medications are established as effective and should be offered for migraine prevention.
 - Antiepileptic drugs (AEDs): divalproex sodium, sodium valproate, topiramate
 - Beta-blockers: metoprolol, propranolol, timolol
- Level B:** The following medications are probably effective and should be considered for migraine prevention:
 - Antidepressants: amitriptyline
 - Antidepressants: venlafaxine
 - Beta-blockers: atenolol, nadolol

References

- Aimovig (erenumab-aooe) [prescribing information]. Thousand Oaks, CA: Amgen Inc; March 2025.
- Cittadini E, May A, Straube A, et al. Effectiveness of intranasal zolmitriptan in acute cluster headache: a randomized, placebo-controlled, double-blind crossover study. Arch Neurol 2006; 63:1537
- Ekbom K, Monstad I, Prusinski A, et al. Subcutaneous sumatriptan in the acute treatment of cluster headache: a dose comparison study. The Sumatriptan Cluster Headache Study Group. Acta Neurol Scand 1993; 88:63



4. Emgality (galcanezumab-gnlm) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; May 2025.
5. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society Guideline Developer(s): 2000 Sep (revised 2012 Apr 24)
6. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia 2018; 38:1Tepper SJ. History and review of anti-calcitonin gene-related peptide (CGRP) therapies: from translational research to treatment. Headache. 2018;58(suppl 3):238-275. doi: 10.1111/head.13379

Review History

04/17/2019 – Reviewed

07/01/2019 – Implemented

09/18/2019 - Added cluster headaches indication to Emgality

07/22/2020 – added new formulation of Ajovy autoinjector to criteria. Effective 8/1/20

11/18/2020 - Added new drug Vyepti to criteria. Effective 1/1/2021; separated out MH vs. Comm/Exch.

03/17/2021 – removed Aimovig 70mg as dose was discontinued. Effective 06/01/2021.

11/17/2021 – Reviewed and Updated; Criteria updated to Ajovy and Emgality as preferred products. Effective Date: 1/1/2022

01/19/2022 – Reviewed and Updated for Jan P&T; removed “The member has not been treated with Botox for migraines within the past 4 months” and “The member is not currently using Botox for the treatment of migraines”. Effective 04/01/22.

9/21/2022 – Reviewed and Updated for Sept P&T; criteria updated for prophylactic treatment of migraines requiring TWO prophylaxis medications rather than 3 prophylaxis medications. For Aimovig, removed requirement of Emgality and Ajovy. Removed provider specialty.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to indicate that it no longer applies to the medical benefit and removed Vyepti from the policy. Updated cluster headache criteria to remove generic step requirement. Added criteria for Ajovy for the treatment of episodic migraine in pediatric patients. Updated initial and reauthorization criteria for chronic migraine in adults to require trial and failure with either Aimovig or Emgality. Effective 01/01/2026.

04/15/2026 – Reviewed and updated at April P&T. Removing Ajovy from the policy as agent is moving to nonformulary status. Updated verbiage in reauthorization criteria from “documentation” to “submission of medical records (e.g., chart notes).” Effective 07/01/2026.

