STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
CGRP Receptor Antagonists

Aimovig® (erunumab-aooe)
Emgality™ (galcanezumab-gnlm)
Ajovy™ (fremanezumab-vfrm)

Prior Authorization Request Form

Effective 11/13/2024

AIMOVIG, EMGALITY and AJOVY are calcitonin gene-related peptide receptor antagonists indicated for the preventive treatment of migraine in adults.

- **Emgality 300 mg/3 mL requires review by the Medical Director and is available only on appeal.**

Prior authorization requests for Ajovy, Aimovig or Emgality 120 mg/mL may be approved if the following criteria are met:

1. The patient is within the age range as recommended by the FDA label; **AND**

2. Documentation is provided that MIDAS or HIT-6 assessment testing has been taken at baseline **OR** the patient is experiencing at least 4 migraine days per month and requiring acute pharmacological management; **AND**

3. Patient has failed to achieve therapeutic goals after using an agent from at least TWO of the following three classes of preventative medications. Individual trials may be waived when evidence is presented indicating a direct contraindication exists due to a clinically significant allergy, drug interaction or adverse effect. **To qualify as a trial, each agent must be dosed within the listed range for at least 90 consecutive days. Agents may be used alone or in combination, however at least one of these preventative trials must have taken place in the last 12 months.**
    1. **Beta Blockers** – metoprolol (50 – 200 mg daily), propranolol (40-160 mg daily), timolol (10-30 mg daily), nadolol (20-240 mg daily), atenolol (25-100 mg daily)
    2. **Antidepressants** – amitriptyline (20-50 mg qHS), venlafaxine (75-150 mg daily)
    3. **Anticonvulsants** – valproate (500-1500 mg daily), topiramate (100 mg daily)

For agents not listed above, a prophylactic trial may be satisfactory only when the request is accompanied by documentation referencing clinical trials that support the agent's efficacy in migraine prevention.

Initial prior authorization approval will be for 3 months. Additional therapy may be approved only with clinical documentation showing a 50% reduction in either the number of headache days per month or the overall symptom severity (as measured by MIDAS or HIT-6) compared to baseline.