Ajovy® (fremanezumab-vfrm)
Subcutaneous Injection

Last Review Date: August 18, 2020  |  Number: MG.MM.PH.182

Medical Guideline Disclaimer

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Definitions

Ajovy is indicated for the preventative treatment of migraine in adults. Ajovy is a humanized monoclonal antibody that binds to calcitonin gene-related peptide (CGRP) ligand and blocks its binding to the receptor.

Guideline

Ajovy is administered by the patient by subcutaneous injection and covered under the patient’s pharmacy benefit. Therefore, Ajovy is not considered a medical benefit.

Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)

Ajovy is considered medically necessary for the preventative treatment of migraine in adults when all of the following criteria are met:

1. Patient has clinically diagnosed episodic migraine as defined at least 4 migraine days per month; AND
2. Patient has prior usage of at least TWO standard prophylactic pharmacologic therapies, each from a different pharmacologic class, used to prevent migraines or reduce migraine frequency including:
   a. Angiotensin receptor blockers;
   b. Angiotensin Converting Enzyme Inhibitors;
   c. Beta-blockers (i.e. propranolol, metoprolol, atenolol);
   d. Calcium Channel blockers (i.e. verapamil);
   e. Anti-epileptics (i.e. as topiramate or divalproex sodium);
   f. Antidepressants (venlafaxine OR a tricyclic antidepressant such as amitriptyline or nortriptyline); **AND**

3. The patient has had inadequate efficacy to both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **OR**

4. The patient has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **AND**

5. Patient has prior usage in the last 18 months of at least one triptan therapy; **OR**

6. Patient is intolerant to or, has a contraindication to or, inadequate response from triptan therapy.

**Renewal Criteria**
Coverage may be renewed when **all** the following criteria are met:

1. Positive response to therapy demonstrated by a 50% reduction in monthly migraine days;
   **AND**
2. The use of acute migraine medications (i.e. NSAIDS, triptans) has decreased since start of therapy; **AND**
3. Patient has an overall improvement in function with therapy

**Limitations/Exclusions**

Ajovy is considered a covered pharmacy benefit for all FDA approved indications and is therefore not covered under the medical benefit.

**Applicable Procedure Codes**

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<th>Code</th>
<th>Description</th>
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<td>C9040</td>
<td>Injection, fremanezumab-vfrm, 1 mg</td>
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<tr>
<td>J3031</td>
<td>Effective 10/1/19, Injection, fremanezumab-vfrm, 1 mg</td>
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**Revision History**

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<th>Date</th>
<th>Notes</th>
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<tr>
<td>08/15/2019</td>
<td>Added code J3031, effective 10/1/19.</td>
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<tr>
<td>08/18/2020</td>
<td>Added following statement under guidelines: Injection, fremanezumab-vfrm, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)</td>
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<td></td>
<td>Added in Clinical criteria, and renewal criteria for Medicare Line of Business</td>
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References