



Missouri Pharmacy Program – Preferred Drug List



Calcitonin Gene-Related Peptide (CGRP) Inhibitors

Effective 08/01/2019

Preferred Agents

- Aimovig®
- **Emgality™ 120mg/ml**

Non-Preferred Agents

- Ajovy™
- **Emgality™ 100mg/ml**

Approval Criteria

- Participant aged 18 years or older
- For diagnosis of chronic or episodic migraine:
 - Aimovig, **Emgality 120mg/ml**, and Ajovy only
 - **For first fill only:**
 - ≥ 4 migraines per month **AND**
 - Therapeutic trial (60/90 days) with 2 prophylactic options from 2 different categories including:
 - Anticonvulsants – divalproex, valproate, topiramate
 - Antidepressants – amitriptyline, venlafaxine
 - Beta blockers – atenolol, metoprolol, nadolol, propranolol, timolol
 - Authorization is for 3 months only
 - **For renewal following first 3 months of therapy only: reduction in migraines by 2 or more per month from baseline**
 - For Ajovy only: Efficacy and tolerability of monthly dose established prior to use of quarterly dose
 - Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented ADE/ADR to preferred agents
- **For diagnosis of episodic cluster headache**
 - **Emgality 100mg/ml only**
 - **Therapeutic trial of verapamil AND topiramate (60/90 days for each) required on first fill only**

Denial Criteria

- **For diagnosis of chronic or episodic migraine on the first fill only: therapy with Botox in the past 90 days**
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030