



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 2, 2021 April 5, 2021, September 7, 2021, May 6, 2022

## **AJOVY® (fremanezumab-vfrm)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of migraines.
- Treatment is for prevention of migraine headaches.
- Trial and failure of one of the following:
  - Amitriptyline
  - Beta Blocker
  - Topiramate
  - Divalproex Sodium
  - Valproic Acid
- Trial and failure to two months of Emgality, Aimovig or Nurtec.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as a 3 pack of 225 mg/1.5mL single-dose prefilled autoinjectors and a 1 pack of 225 mg/1.5 mL single-dose prefilled autoinjector.