



MASSACHUSETTS

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Pharmacy Medical Policy Calcitonin Gene-Related Peptide (CGRP) Policy

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Coding Information](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)
- [Forms](#)

Policy Number: 021

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary	
Drug	Formulary Status
Aimovig™ (ereumab - aooe)	PA Required
Ajovy™ (fremanezumab - vfrm) **,#	Not Covered
Emgality™ (galcanezumab - gnlm)	PA Required

We may cover Emgality™ (galcanezumab - gnln)** **or Aimovig™** (erenumab - aooe)** for the preventive treatment of migraine when **all** of the following criteria are met:

- Patient is ≥ 18 years of age

AND

- Patient has ≥ 4 migraine headache days per month (prior to initiating a migraine-preventative medication)

AND

- Patient has tried at least **two** of the FDA approved migraine prevention medications (topiramate, propranolol, timolol, and divalproex)

AND

- The patient has prior use of Triptan therapy within the previous 130 days.

We may cover Ajovy™ (fremanezumab - vfrm)**,# **when the above criteria is met and with previous use of Emgality™** (galcanezumab - gnln) **AND Aimovig™** (erenumab - aooe).

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

#-For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available.

We do not cover the medications listed above for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department

25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

Policy History

Date	Action
12/2018	Implement New policy following P & T review.

References

1. AIMOVITM [package insert]. Thousand Oaks, CA: Amgen, Inc.: 5/2018.
2. AJOVYTM [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.: 7/2018.
3. EMGALITYTM [package insert]. Indianapolis, IN: Eli Lilly and Company: 9/2018.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf