



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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 ≥ 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.