



## Prior Authorization and Pharmacy Assistance Guide

Help patients start and save on AJOVY® (fremanezumab-vfrm) injection, the #1 Preventative Anti-CGRP in new prescriptions among the top headache centers combined.\*

### INDICATIONS AND USAGE

AJOVY® is indicated for:

- The preventive treatment of migraine in adults, and
- The preventive treatment of episodic migraine in pediatric patients who are 6 to 17 years of age and who weigh 45 kg or more.

### IMPORTANT SAFETY INFORMATION

**Contraindications:** AJOVY® is contraindicated in patients with serious hypersensitivity to fremanezumab-vfrm or to any of the excipients. Reactions have included anaphylaxis and angioedema.

**Hypersensitivity Reactions:** Hypersensitivity reactions, including rash, pruritus, drug hypersensitivity, and urticaria were reported with AJOVY in clinical trials. Most reactions were mild to moderate, but some led to discontinuation or required corticosteroid treatment. Most reactions were reported from within hours to one month after administration. Cases of anaphylaxis and angioedema have been reported in the postmarketing setting. If a hypersensitivity reaction occurs, consider discontinuing AJOVY and institute appropriate therapy.

**Hypertension:** Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including AJOVY, in the postmarketing setting.

Monitor patients treated with AJOVY for new-onset hypertension or worsening of pre-existing hypertension, and consider whether discontinuation of AJOVY is warranted.

**Raynaud's Phenomenon:** Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists, including AJOVY. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. AJOVY should be discontinued if signs or symptoms of Raynaud's phenomenon develop. Patients with a history of Raynaud's phenomenon should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

**Adverse Reactions:** The most common adverse reactions in clinical trials (≥5% and greater than placebo) were injection site reactions.

Please see additional Important Safety Information throughout and click here to visit [AJOVYhcp.com](http://AJOVYhcp.com) to read or print the full Prescribing Information.

## Help Your Patients Get Timely Access to Their Treatment

Many payers require a PA before they cover AJOVY® (fremanezumab-vfrm). Check your patient's individual health plan to ensure all necessary requirements are met, as requirements may vary. Use this easy-to-follow guide to help you complete your AJOVY PAs.

### REQUIRED INFORMATION TO SUBMIT AN ACCURATE AND COMPLETE PA

#### Medical Information

##### 1. Medication Name

AJOVY

##### 2. Indication(s)

AJOVY® is indicated for:

- The preventive treatment of migraine in adults, and
- The preventive treatment of episodic migraine in pediatric patients who are 6 to 17 years of age and who weigh 45 kg or more.

##### 3. Dosing Strength(s)

**225 mg monthly, or 675 mg every 3 months** (quarterly, adults only), which is administered as three consecutive subcutaneous injections of 225 mg each.

##### 4. Dosing

**Injection- 225 mg/1.5 mL** single-dose prefilled autoinjector, or **Injection- 225 mg/1.5 mL** single-dose prefilled syringe.

##### 5. Initial Approval/Continuation of Therapy

If the patient has already received AJOVY, request "continuation of therapy."

#### Clinical Information

##### 1. Diagnosis

**Migraine** – List the number of headache days and migraine headache days the patient experiences monthly.

##### 2. ICD-10 Code(s)

See codes on page 6. Physicians should select appropriate disease-specific code(s) based on the individual patient's diagnosis.

##### 3. Prior Medications

See common migraine medication table below. List all therapies the patient has tried and failed for the preventative and acute treatment of migraine.

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## REQUIRED INFORMATION TO SUBMIT AN ACCURATE AND COMPLETE PA (cont'd)

### Common Migraine Medications Used for Prevention

TYPE OF MEDICATION	MEDICATION CLASS	GENERIC NAME
Anticonvulsants		divalproex sodium (divalproex, Depakote/Depakote ER), sodium valproate (valproate), topiramate
Antidepressants	Tricyclic antidepressants SSRIs/SNRIs	amitriptyline (Elavil), venlafaxine (Effexor/Efexor XR), nortriptyline
Blood pressure medications	Beta blockers	timolol (oral), nebivolol, atenolol, metoprolol, nadolol, propranolol
	Calcium-channel blockers	verapamil lisinopril
	ACE inhibitors	
Neurotoxins		onabotulinumtoxinA*
Antiepileptic agents		valproate sodium, divalproex sodium, topiramate, gabapentin

\*Only used for chronic migraine

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## ICD-10 CODES

The list of commonly identified ICD-10 codes has been reviewed for accuracy and completeness; however, some less commonly used codes may be missing. For additional codes, please refer to a coding resource.

**AJOVY® is indicated for the preventive treatment of migraine in adults.**

### Episodic Migraine

- G43.009** Migraine without aura, not intractable, without status migrainosus
- G43.019** Migraine without aura, intractable, without status migrainosus
- G43.109** Migraine with aura, not intractable, without status migrainosus
- G43.119** Migraine with aura, not intractable, without status migrainosus
- G43.809** Other migraine, not intractable, without status migrainosus
- G43.819** Other migraine, intractable, without status migrainosus
- G43.909** Migraine, unspecified, not intractable, without status migrainosus
- G43.919** Migraine, unspecified, intractable, without status migrainosus

### Chronic Migraine

- G43.709** Chronic migraine without aura, not intractable, without status migrainosus
- G43.719** Chronic migraine without aura, intractable, without status migrainosus

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## FIND SUPPORT FOR SUBMITTING PA REQUESTS:

### covermymeds<sup>®</sup>

**CoverMyMeds offers a streamlined process for submitting PA requests.**

- Available at no cost to providers and their staff
- Receive faster PA determinations, often in real time\*
- Submit PA requests to all plans

To learn more about using CoverMyMeds, call 1-866-452-5017 or visit:

[covermymeds.health](http://covermymeds.health)



\*Compared with phone and fax.

## EXCEPTION REQUESTS

If AJOVY® (fremanezumab-vfrm) is not on the health plan's formulary or the patient has not met the plan's PA requirements, the PA may require:

- **A letter of medical necessity** explaining why AJOVY is necessary and why other treatments are not suitable.
- **Details about the patient's condition**, treatment history, and why AJOVY is the appropriate treatment.
- **Supporting documentation**, such as medical records or test results.

**For more information around additional support resources, please visit [AJOVYhcp.com/support](http://AJOVYhcp.com/support).**

## INSTRUCTIONS FOR PROCESSING THE AJOVY SAVINGS CARD

### For Commercially Insured Patients

Please submit this claim to the primary Third-Party Payer first, then submit the balance due to PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g., 08). If the primary Third-Party Payer has denied coverage or requires a prior authorization, then submit the claim to PDMI using a valid Other Coverage Code (e.g., 03). If the primary Third-Party Payer has denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient continue to save on AJOVY prescriptions.

### To The Patient

- By participating in this Program, you acknowledge that you are an Eligible Patient and you understand and agree to comply with the Terms and Conditions of this Program.
- This Program is for eligible Commercially Insured Patients only. **Patients may pay as little as \$15 out of pocket for AJOVY®.** Maximum Program assistance per prescription and annual benefit limits per individual apply and out of pocket expenses may vary.
- This Program must be presented along with your prescription for AJOVY and your primary insurance card to participate in this Program.
- Non-Insured/Cash-Paying Patients are not eligible for this Program.
- Patients enrolled in state or federally funded healthcare programs are not eligible for this Program.

**Reimbursement will be received from PDMI.  
For questions, please call the Concierge line  
for AJOVY®:**

**1-844-310-4170  
Monday - Friday, 9 am - 8 pm ET**

### To The Pharmacist

- When you apply this Program, you are certifying that AJOVY® is being dispensed to an Eligible Patient in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription.
- **For Commercially Insured Patients,** please submit this claim to the primary Third-Party Payer first, then submit the balance due to PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g., 08).
- If the primary Third-Party Payer has denied coverage or requires a prior authorization, then submit the claim to PDMI using a valid Other Coverage Code (e.g., 03). If the primary Third Party Payer has denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient continue to save on AJOVY prescriptions.

**See Terms and Conditions for the AJOVY Savings Card on page 8**

## INSTRUCTIONS FOR PROCESSING THE AJOVY SAVINGS CARD

**Help your patients save on  
their prescriptions for AJOVY®  
(fremanezumab-vfrm) injection**



Follow these instructions to help address common issues that you may encounter when processing the Savings Card for AJOVY.

**GENERAL INSTRUCTIONS:** If you receive a rejection due to a Managed Care Restriction (eg, Not Covered or NDC Block) and the pharmacy system allows, continue processing with valid Other Coverage Code (OCC) for a rejected claim by the primary insurance, the pharmacy can only use 03 to allow the copay card to work for a PA or NDC block claim. Each pharmacy may have its own set of practice management systems and procedures, so these instructions may not apply.

## Need More Help?

Pharmacies can call PDMI for processing issues at **800-800-7364** or the concierge line at **844-310-4170**

Available Monday–Friday,  
8:00 am–8:00 pm ET (except holidays)

Pharmacy questions about the Savings Card for AJOVY can be directed to the Customer Excellence Team—a dedicated resource to help resolve issues when processing the savings offers. Required information for troubleshooting:

Pharmacy Name • Pharmacy Address  
Pharmacy Contact (if possible) • Pharmacy Phone Number • Date/Time of the Issue  
Summary of Issue

## TERMS, CONDITIONS AND ELIGIBILITY REQUIREMENTS

**Terms, Conditions and Eligibility Requirements:** Eligible Patients must have a valid prescription for AJOVY® (fremanezumab-vfrm) injection. No substitutions permitted. Eligible Patients must have commercial prescription insurance administered through a pharmacy benefit plan. This Program does not cover AJOVY dispensed or administered under commercial insurance as adjudicated under a medical plan. Uninsured and cash-paying patients are NOT eligible for this Program. Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for this Program. Cash Discount Cards and other noninsurance plans are not valid as primary under this Program. This Program is restricted to residents of the United States and United States territories.

Patients may pay as little as \$15 out of pocket for AJOVY®. Maximum Program assistance per prescription and annual benefit limits per individual apply and out of pocket expenses may vary. Patient is responsible for costs above maximum benefit amounts. Patients with managed care restrictions (e.g., prior authorization, step edit) may not be eligible for this Program if such managed care restrictions persist. Continued eligibility may require that the patient has an approved prior authorization. Patients without formulary coverage or an approved prior authorization for AJOVY may receive less benefit. Data related to an Eligible Patient's receipt of Program benefits may be collected, analyzed, and shared with Teva Pharmaceuticals USA, Inc. and its affiliates ("Teva"), for market research and other purposes (including with the patient's treating physician towards helping to verify or coordinate insurance coverage or otherwise obtain payment for the patient's treatment with AJOVY) related to assessing the Program. Data shared with Teva will be aggregated and de-identified, meaning it will not identify Eligible Patients. The Copay Card is intended for the benefit of patients, not their insurance plans or other third parties. Patients whose commercial insurance plans do not apply Copay Card payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Copay Card. Similarly, patients whose commercial insurance plans require use of the Copay Card as a condition of the plan waiving some or all of otherwise applicable patient out-of-pocket cost sharing amounts may not be eligible for the Copay Card or have a reduced annual maximum program benefit. If you believe your commercial insurance plan may have such limitations, please call 1-844-309-5477.

### Terms and Conditions (continued)

This Program is not insurance. Void if copied, transferred, purchased, altered, or traded and where prohibited and restricted by law. The Program is not transferable. No substitutions are permitted. The Program form may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. This Program is managed by Paysign on behalf of Teva Pharmaceuticals USA, Inc. Teva reserves the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, please call 1-844-309-5477. These Terms and Conditions are valid for AJOVY® dispensed between 1/1/2026 and 12/31/2026. **Expiration Date: 12/31/2026.**

**To the Patient:** By participating in this Program, you acknowledge that you are an Eligible Patient and you understand and agree to comply with the Terms and Conditions of this Program.

For patients residing in Maine and Maryland, please [click here](#).

This Program is for eligible **Commercially Insured Patients only**. Patients may pay as little as \$15 out of pocket for AJOVY®. Maximum Program assistance per prescription and annual benefit limits per individual apply and out of pocket expenses may vary. This Program must be presented along with your prescription for AJOVY and your primary insurance card to participate in this Program. Non-Insured/Cash-Paying Patients are not eligible for this Program.

**To the Pharmacist:** When you apply this Program, you are certifying that AJOVY® is being dispensed to an Eligible Patient in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. For **Commercially Insured Patients**, please submit this claim to the primary Third-Party Payer first, then submit the balance due to PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g., 08). If the primary Third-Party Payer has denied coverage or requires a prior authorization, then submit the claim to PDMI using a valid Other Coverage Code (e.g., 03). If the primary Third-Party Payer has denied the primary claim due to a Prior Authorization (PA) requirement, please initiate the PA process to help your patient continue to save on AJOVY prescriptions.

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## PA CHECKLIST

- Review the health plan's policies and processes for PAs.
- Complete all required patient and provider information requested.
- Include the requested clinical documentation to support the treatment request
- Prepare and attach a letter of medical necessity.
- Review the PA form to confirm accuracy and completeness.
- Sign and submit it to the health plan.
- Follow up with the health plan to ensure receipt of required information.
- Set an alert in patient's chart for reauthorizations.

### If PA or Exception Request is Denied

- Confirm authorization was submitted correctly.
- Review the plan's appeal process and prepare and submit a letter of appeal.

**For more information around additional support resources, please visit our website:**

[AJOVYhcp.com/support](http://AJOVYhcp.com/support) 



### SELECT IMPORTANT SAFETY INFORMATION:

**Adverse Reactions:** The most common adverse reactions in clinical trials (≥5% and greater than placebo) were injection site reactions.

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## WHEN A PA IS DENIED

PA denials don't have to stand in the way of patient access to AJOVY®. Navigate denials by first determining why the health plan initially denied access.

### **Administrative errors, such as missing or incorrect information**

- Incorrect ICD-10-CM codes
- Incomplete forms

### **Lack of clinical documentation to support the health plan's approval criteria**

- Requested medical records

### **Failure to use preferred treatment on formulary**

## TIPS FOR SUCCESSFUL APPEALS

- Correct and resubmit** the authorization if an administrative error
- Review the health plan's appeal process** and deadlines for submitting an appeal
- Prepare a letter of appeal** to support the request
- Provide an explanation and **describe the clinical rationale**
- For an **exception request**, include why the health plan's preferred treatment is not appropriate for your patient
- Include relevant documentation** to support the request, such as relevant peer-reviewed articles, clinical notes, and results

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## KEEP TRACK OF REAUTHORIZATIONS

You can help to avoid treatment interruptions and support continuous access to AJOVY by tracking timing of reauthorizations. **Reauthorizations are typically issued for 6 to 12 months.**

### Tips for Tracking Reauthorizations

- Flag chart for reauthorization reminders
- Set up CoverMyMeds reauthorization reminders
- In many cases, you must have documentation indicating improvement in the condition.
- Stay alert to changes in coverage policies – Annual updates to coverage policies typically go into effect in January.

For more information around additional support resources, please visit our website:

[AJOVYhcp.com/support](https://AJOVYhcp.com/support) 

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**References:** **1.** Ajoy Prescribing Information. Parsippany, NJ: Teva Pharmaceuticals USA, Inc. **2.** Data on File. Teva Pharmaceuticals USA, Inc. **3.** Publicly Available Formularies. Company Websites. **4.** Headache Classification Committee of the International Headache Society (IHS). *The International Classification of Headache Disorders, 3rd edition. Cephalgia.* 2018;38(1):1–211. **5.** Smith JH. Acute treatment of migraine in adults. Swanson JW, ed. UpToDate. Waltham, MA; UpToDate Inc. <https://www.uptodate.com>. Accessed January 7, 2020.

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