

Commercial/Healthcare Exchange PA Criteria

Effective: July 25, 2018

Prior Authorization: Aimovig

Products Affected: Aimovig (erenumab-aooe) Subcutaneous Solution

Medication Description: Aimovig (erenumab-aooe) blocks calcitonin gene-related peptide (CGRP), a receptor involved in migraine attacks.

Covered Uses: Preventative treatment of migraine in adults.

Exclusion Criteria:

1. Concurrent use with another (CGRP) inhibitor

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Initial Criteria:

Migraine Prophylaxis

1. Patient has clinically diagnosed episodic migraine as defined at least 4 migraine days per month; **AND**
2. Patient has prior usage of at least **TWO** standard prophylactic pharmacologic therapies, each from a different pharmacologic class, used to prevent migraines or reduce migraine frequency including:
 - a. Angiotensin receptor blockers;
 - b. Angiotensin Converting Enzyme Inhibitors;
 - c. Beta-blockers (i.e. propranolol, metoprolol, atenolol);
 - d. Calcium Channel blockers (i.e. verapamil);
 - e. Anti-epileptics (i.e. as topiramate or divalproex sodium);
 - f. Antidepressants (venlafaxine **OR** a tricyclic antidepressant such as amitriptyline or nortriptyline); **AND**
3. The patient has had inadequate efficacy to both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **OR**
4. The patient has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic pharmacologic therapies, according to the prescribing physician; **AND**
5. Patient has prior usage in the last 18 months of at least one triptan therapy; **AND**
6. Patient is intolerant to or, has a contraindication to or, inadequate response from triptan therapy

Renewal Criteria:

1. Positive response to therapy demonstrated by a 50% reduction in monthly migraine days; **AND**
2. The use of acute migraine medications (ie NSAIDs, triptans) has decreased since start therapy; **AND**
3. Patient has an overall improvement in function with therapy

References:

1. Aimovig™ injection [prescribing information] Thousand Oaks, CA:Amgen; May 2018

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	07/23/2018
2	Update	Removed Prescriber Restriction Update Other Criteria	Prescriber Restriction Other Criteria	4/11/2019
2	Update	Coverage Duration update to 12 months	Coverage Duration	3/27/2020