

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Aimovig (erenumab-aooe)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Botox QUANTITY LIMIT— up to 140 mg per month
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Aimovig (erenumab-aooe) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### MIGRAINE HEADACHE PROPHYLAXIS

For **initial** authorization:

1. Member is 18 years of age or older with a history of migraine attacks with or without aura; AND
2. Member has documented history of  $\geq 15$  headache days per month for more than 3 months, of which  $\geq 8$  days were migraine days characterized as  $\geq 5$  attacks lasting 4-72 hours with **both** of the following:
  - a) **Two** or more of the following:
    - i) Aggravation by or causing avoidance of routine physical activity;
    - ii) Moderate or severe pain intensity;
    - iii) Pulsating quality;
    - iv) Unilateral location;
  - b) **One** or more of the following:
    - i) Nausea or vomiting;
    - ii) Photophobia and phonophobia; AND
3. Medication must be prescribed by neurologist or a headache specialist; AND
4. Other prophylactic therapeutic options have been ineffective or not tolerated for trial of at least 3 months, as indicated by **two** or more of the following:
  - a) Beta-blockers;
  - b) Calcium channel blockers;
  - c) Antidepressants such as amitriptyline, nortriptyline, doxepin, or protriptyline;
  - d) Anticonvulsant medications such as topiramate or valproic acid; AND
5. Abortive therapeutic options (i.e., ergotamine, triptans, combination analgesics, or simple analgesics) have been ineffective or not tolerated for at least 3 months (for a minimum of 8 or more days per month); AND
6. Member has not received botulinum toxin injection for headache prophylaxis in the past 4 months; AND
7. Member does **not** have ANY of the following:
  - a) Medication overuse headache;
  - b) History of cluster or hemiplegic headache;
  - c) Cardiac or hepatic disease;
  - d) Member was older than 50 years of age at migraine onset.

8. **Dosage allowed:** 70 mg SQ injection once a month. Some patients may benefit from a dosage of 140 mg once monthly. The 140 mg dose is administered once monthly as two consecutive injections of 70 mg each.

***If member meets all the requirements listed above, the medication will be approved for 3 months.***

For **reauthorization:**

1. Member has improvement in prevention of migraines documented in chart notes (e.g., reduced migraine frequency, reduced use of medication for acute migraines attacks); AND
2. Member has not received botulinum toxin injection for headache prophylaxis in the past 4 months.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 3 months.***

**CareSource considers Aimovig (erenumab-aooe) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:**

- Cluster or hemiplegic migraine headache

DATE	ACTION/DESCRIPTION
08/03/2018	New policy for Aimovig created.

References:

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2018.
2. ClinicalTrials.gov. Identifier: NCT 03096834. A Study Evaluating the Effectiveness of AMG 334 Injection in Preventing Migraines in Adults Having Failed Other Therapies (LIBERTY). Available: <https://clinicaltrials.gov/ct2/show/NCT03096834?term=NCT03096834&rank=1>.
3. ClinicalTrials.gov. Identifier: NCT 02456740. Study to Evaluate the Efficacy and Safety of AMG 334 in Migraine Prevention (STRIVE). Available at: <https://clinicaltrials.gov/ct2/show/NCT02456740?term=NCT+02456740&rank=1>.
4. ICHD-3 The International Classification of Headache Disorders. [www.ichd-3.org](http://www.ichd-3.org).
5. Katsarava Z, Buse DC, Manack AN, Lipton RB. Defining the Differences Between Episodic Migraine and Chronic Migraine. Current Pain and Headache Reports. 2012;16(1):86-92. doi:10.1007/s11916-011-0233-z.
6. ClinicalTrials.gov. Identifier: NCT 02066415. A Study to Evaluate the Efficacy and Safety of AMG 334 in Chronic Migraine Prevention. Available at: <https://clinicaltrials.gov/ct2/show/NCT02066415?term=NCT+02066415&rank=1>.
7. Tepper S, et al. Safety and efficacy of erenumab for preventive treatment of chronic migraine: a randomized, double-blind, placebo-controlled phase 2 trial. The Lancet Neurology. 2017;16(6): 425-434.
8. International Headache Society. Available at: [www.ichd-3.org](http://www.ichd-3.org).

Effective date: 08/20/2018

Revised date: 08/03/2018