PHARMACY POLICY STATEMENT
Georgia Medicaid

DRUG NAME	Aimovig (erenumab-aooe)
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Aimovig is a calcitonin gene-related peptide receptor antagonist initially approved by the FDA as the first in its class in 2018. It is indicated for the preventive treatment of chronic migraine and episodic migraine in adults. Aimovig is a fully humanized immunoglobulin G (IgG)-2a monoclonal antibody that works by specifically binding to the calcitonin gene-related peptide (CGRP) ligand and blocking its binding to the CGRP receptor.

Aimovig (erenumab-aooe) will be considered for coverage when the following criteria are met:

Chronic Migraine Headache Prophylaxis

For **initial** authorization, provider attests to the following (documentation not required):

1. Member is 18 years of age or older with a history of migraine attacks with or without aura; AND
2. Medication is being prescribed for the prevention of chronic migraine, defined as ≥ 15 headache days per month; AND
3. Member has tried and failed or unable to tolerate **two** prophylactic medications from the following groups for 2 months per trial:
   a) Beta-blockers (e.g., metoprolol, timolol, or propranolol);
   b) Calcium channel blockers (e.g., verapamil);
   c) Antidepressants (e.g., amitriptyline or venlafaxine);
   d) Anticonvulsant medications (e.g., topiramate or valproic acid); AND
4. Medication is not being used in combination with botulinum toxin therapy or any other prophylactic CGRP product (e.g. Emgality, Ajovy, or Vyepti); AND
5. **Dosage allowed:** 70 mg subcutaneous 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. Quantity Limit: 1 syringe or autoinjecter (70 mg/1 ml or 140 mg/1 ml) per 30 days.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Attestation member has improvement in prevention of migraines (e.g., reduced migraine frequency, reduced use of medication for acute migraines attacks).

If all the above requirements are met, the medication will be approved for an additional 12 months.

Episodic Migraine Headache Prophylaxis

For **initial** authorization, provider attests to the following (documentation not required):

1. Member is 18 years of age or older with a history of migraine attacks with or without aura; AND
2. Medication is being prescribed for prevention of episodic migraine, defined as 4 or more migraine days per month for at least 3 months that cause significant impairment to quality of life (i.e. requiring bed rest, missed school/work); AND
3. Member has tried and failed or unable to tolerate **two** prophylactic medications from the following groups for 2 months per trial:
   a) Beta-blockers (e.g., metoprolol, timolol, or propranolol);
   b) Calcium channel blockers (e.g., verapamil);
   c) Antidepressants (e.g., amitriptyline or venlafaxine);
   d) Anticonvulsant medications (e.g., topiramate or valproic acid); AND
4. Medication is not being used in combination with botulinum toxin therapy or any other prophylactic CGRP product (e.g. Emgality, Ajovy, or Vyepti); AND
6. **Dosage allowed:** 70 mg subcutaneous 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. Quantity Limit: 1 syringe or autoinjecter (70 mg/1 ml or 140 mg/1 ml) per 30 days.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Attestation member has improvement in prevention of migraines (e.g., reduced migraine frequency, reduced use of medication for acute migraines attacks).

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Aimovig (erenumab-aooe) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/03/2018	New policy for Aimovig created.
03/05/2019	Criterion on pregnant or nursing females added. Initial authorization length increased to 6 months and reauthorization length increased to 12 months.
06/05/2020	Diagnosis of episodic migraine headache prophylaxis added. Definition of chronic migraine simplified to just frequency of migraine and headache days. No concurrent use with other CGRP agents added. Trial of Botox added as an additional option under chronic migraine prophylaxis. Criteria pregnancy, psychiatric issues, CV disease, cancer, infection were removed from excluded list. Length of prophylactic and abortive trials reduced to 2 months/trial.
05/05/2022	Transferred to new policy. Updated references. Removed prescriber specialty and abortive trials. Quantity Limit added
12/13/2022	Removed botox trial and the following: Member does not have ANY of the following: Medication overuse headache;History of hemiplegic headache, ophthalmoplegic migraine, and migraine with brainstem aura (basilar-type migraine); Member was older than 50 years of age at migraine onset. Updated headache day requirements to at least 4 for episodic migraine and 15 for chronic migraine.

4/6/2023	Removed chart note requirement for reauthorization criteria.

References:

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc.; November 2021.
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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.
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. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. Headache: The Journal of Head and Face Pain. 2019;59: 1-18.
9. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Neurology Apr 2012, 78 (17) 1337-1345.
10. Ailani J, Burch R, et al. Consensus Statement: The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021 Jul;61(7):1021-1039.

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