

## PHARMACY POLICY STATEMENT

### Indiana 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 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 **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, prescriber 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. 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
3. **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.

**Note:** Aimovig is considered experimental and investigational as combination therapy with Botox, Vyepti, Ajovy or Emgality because the safety and effectiveness of these combinations has not been established.

***If member meets all the requirements listed above, the medication will be approved for 6 months.***

For **reauthorization**:

1. Member has history of Aimovig within the past 90 days; AND
2. Dose requested does not exceed 140 mg per month

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 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.
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. Requirement of no botox in the past 4 months removed. No concurrent use with Botox and other CGRP agents added. Trial of Botox added as an additional option under chronic migraine prophylaxis. Length of prophylactic and abortive trials reduced to 2 months/trial.
07/20/2020	Prescriber requirement removed per state mandate.
11/17/2021	Added step through preferred agent.
12/1/2022	Removed all trial requirements except for prophylactic medications. Updated to preferred status.
12/13/2022	Added clarification that documentation is not required.

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. 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.

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Revised date: 12/13/2022