<table>
<thead>
<tr>
<th><strong>PHARMACY POLICY STATEMENT</strong></th>
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<tbody>
<tr>
<td><strong>Ohio Medicaid</strong></td>
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<table>
<thead>
<tr>
<th><strong>DRUG NAME</strong></th>
<th>Aimovig (erenumab-aooe)</th>
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<tbody>
<tr>
<td><strong>BILLING CODE</strong></td>
<td>Must use valid NDC code</td>
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<tr>
<td><strong>BENEFIT TYPE</strong></td>
<td>Pharmacy</td>
</tr>
<tr>
<td><strong>SITE OF SERVICE ALLOWED</strong></td>
<td>Home</td>
</tr>
<tr>
<td><strong>COVERAGE REQUIREMENTS</strong></td>
<td>Prior Authorization Required (Non-Preferred Product)</td>
</tr>
<tr>
<td></td>
<td>Alternative preferred product includes Botox</td>
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<td></td>
<td>QUANTITY LIMIT— up to 140 mg per month</td>
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| **LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY** | Click Here |

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 ≥15 headache days per month for more than 3 months, of which ≥ 8 days were migraine days characterized as ≥ 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

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>08/03/2018</td>
<td>New policy for Aimovig created.</td>
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References:

Effective date: 08/20/2018
Revised date: 08/03/2018