COMMON GROUND
HEALTHCARE COOPERATIVE

PHARMACY POLICY STATEMENT
Common Ground Healthcare Cooperative (CGHC)

DRUG NAME	Aimovig (erenumab-aooe)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Aimovig, approved by the FDA in 2018, is a calcitonin gene-related peptide (CGRP) receptor antagonist indicated for the preventive treatment of chronic migraine and episodic migraine in adults, and was the first drug approved in its class. Aimovig binds to the CGRP receptor and antagonizes CGRP receptor function.

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 at least 18 years of age; AND
2. Medication is being prescribed for the prevention of chronic migraine with or without aura, defined as ≥ 15 headache days per month, at least 8 of which are migraine days, for >3 months; AND
3. Member has tried and failed at least 1 of the following prophylactic medications for 8 weeks:
   a) Beta blocker (e.g., metoprolol, timolol, or propranolol)
   b) Calcium channel blocker (e.g., verapamil)
   c) Antidepressant (e.g., amitriptyline or venlafaxine)
   d) Anticonvulsant (e.g., topiramate or valproic acid)
   e) Candesartan; 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 migraine attacks).

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

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Episodic Migraine Headache Prophylaxis

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

1. Member is at least 18 years of age; AND
2. Medication is being prescribed for prevention of episodic migraine with or without aura, defined as 4-14 migraine days per month with at least moderate disability; AND
3. Member has tried and failed at least 1 of the following prophylactic medications for 8 weeks:
   a) Beta blocker (e.g., metoprolol, timolol, or propranolol)
   b) Calcium channel blocker (e.g., verapamil)
   c) Antidepressant (e.g., amitriptyline or venlafaxine)
   d) Anticonvulsant (e.g., topiramate or valproic acid)
   e) Candesartan; 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 migraine 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.
04/6/2023	Removed chart note requirement for reauthorization criteria.
04/29/2024	Updated references. Changed from 2 prior prophylactic trials to 1 and added candesartan to list of trial options (per AHS 2024 statement). Changed “significant impairment to quality of life” to “at least moderate disability.” Changed episodic definition from 4 or more days to 4-14 days. Added >3 months to chronic definition and removed from episodic definition, specified at least 8 headache days as being migraine days for chronic (ICHD3).

References:

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc.; 2023.
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3. Goadsby PJ, Reuter U, Hallström Y, et al. One-year sustained efficacy of erenumab in episodic migraine: Results of the STRIVE study. *Neurology*. 2020;95(5):e469-e479. doi:10.1212/WNL.0000000000010019.
4. Tepper S, Ashina M, Reuter U, et al. Safety and efficacy of erenumab for preventive treatment of chronic migraine: a randomised, double-blind, placebo-controlled phase 2 trial. *Lancet Neurol*. 2017;16(6):425-434. doi:10.1016/S1474-4422(17)30083-2
5. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018;38(1):1-211. doi:10.1177/0333102417738202.
6. 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.
7. 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.
8. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache*. 2024;64(4):333-341. doi:10.1111/head.14692

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