



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ERENUMAB-AOOE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ERENUMAB-AOOE	AIMOVIG	44923		GPI-10 (6770202010)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of episodic migraines and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Aimovig is prescribed for the preventive treatment of migraines
 - Aimovig will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vyepi [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention
 - The patient had a trial of ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1mL per 30 days.**
If no, continue to #2.

2. Does the patient have a diagnosis of chronic migraines and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Aimovig is prescribed for the preventive treatment of migraines
 - Aimovig will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vyepi [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention
 - The patient had a trial of ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol, or Botox [**Note: For Botox, previous trial of only NDCs # 00023-1145-01 or 00023-3921-02 are allowable**]

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1mL per 30 days.**
If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ERENUMAB-AOOE (Aimovig)** requires the following rule(s) be met for approval:

A. You have migraines

B. If you have episodic migraines (0-14 headache days per month), approval also requires:

1. You are 18 years of age or older
2. Aimovig is prescribed for the preventive treatment of migraines
3. You will NOT use Aimovig concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention
4. You have tried ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol

C. If you have chronic migraines (15 or more headache days per month), approval also requires:

1. You are 18 years of age or older
2. Aimovig is prescribed for the preventive treatment of migraines
3. You will NOT use Aimovig concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vyepti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention
4. You have tried ONE of the following preventative migraine treatments: valproic acid/divalproex sodium, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol, or Botox [Note: For Botox, previous trial of only NDCs # 00023-1145-01 or 00023-3921-02 are allowable]

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RENEWAL CRITERIA

1. Is Aimovig being prescribed for the preventive treatment of migraines **AND** does the patient meet the following criterion?
 - Aimovig will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vypti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
 - The patient has experienced a reduction in migraine or headache frequency of at least 2 days per month with Aimovig therapy
 - The patient has experienced a reduction in migraine severity with Aimovig therapy
 - The patient has experienced a reduction in migraine duration with Aimovig therapy

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1mL per 30 days.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ERENUMAB-AOOE (Aimovig)** requires the following rule(s) be met for renewal:

- A. Aimovig is being prescribed for preventive treatment of migraines.
- B. You will NOT use Aimovig concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Ajovy [fremanezumab-vfrm], Emgality [galcanezumab-gnlm], Vypti [eptinezumab-jjmr], Nurtec ODT [rimegepant orally disintegrating tablet], Qulipta [atogepant]) for migraine prevention
- C. You meet ONE of the following criteria:
 1. You have experienced less migraines or headache attacks by at least 2 days per month with Aimovig therapy
 2. You have experienced a lessening in migraine severity with Aimovig therapy
 3. You have experienced a lessening in migraine duration with Aimovig therapy

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Aimovig.

REFERENCE

- Aimovig [Prescribing Information]. Thousand Oaks, CA: Amgen/Novartis; October 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/01/23

Created: 05/18

Client Approval: 06/23

P&T Approval: 01/22