Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Erenumab-aooe (Aimovig)

Notes:
^ Adequate trial is defined as at least 2 months treatment duration
* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary erenumab (Aimovig) will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Prescribed by neurology provider with expertise in diagnosing/treating headache
- Patient is between the ages of 18 and 75 years old
- Prescribed for treatment of chronic migraine or episodic migraine
- Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to galcanezumab (Emgality)
- Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or topiramate, or valproate
- If patient has used OnabotulinumtoxinA (Botox) injection for migraine treatment, last injection was greater than or equal to 8 weeks ago
- If prescribed opiates or barbiturate products, patient is using 4 days or less in the month prior to initiation
- If prescribed triptan or ergotamine products, patient is using 9 days or less per month
- Patient does not have cardiac comorbidities including:
  - All patients: history of myocardial infarction (MI), stroke, transient ischemic attack (TIA), unstable angina, coronary artery bypass surgery, uncontrolled hypertension
  - Patients 71 years old or older: above items AND hypertension (controlled or uncontrolled)
- Patient does not have history of the following conditions:
  - Cluster headache (chronic or episodic) or hemiplegic migraines
  - Abnormal blood vessels of the brain (e.g., arteriovenous malformation, aneurysm, arterial dissection, reversible cerebral vasoconstriction
  - Thrombotic event
  - Known liver disease or alanine transaminase (ALT) greater than 1.5 times upper limit of normal

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary erenumab (Aimovig) will be covered on the prescription drug benefit for 12 months when the following criteria are met:
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- See below criteria for patients stable on medication

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Non-formulary erenumab (Aimovig) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is between the ages of 18 and 75 years old
- Patient has failed an adequate trial\(^\ast\) of or patient has an allergy or intolerance\(^*\) to:
  - Galcanezumab (Emgality) AND
  - Three other preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or topiramate, or valproate

Continued use criteria (3 months after initiation): Non-formulary erenumab (Aimovig) will continue to be covered on the prescription drug benefit when the following criteria are met:

- Continued to be prescribed by neurology provider with expertise in diagnosing/treating headache
- Reduction of 30% or more in headache days per month (via headache diary) OR 50% or more improvement in Migraine Disability Assessment (MIDAS) scores after 3 months of treatment
- Patient does not have alanine transaminase (ALT) greater than 1.5 times upper limit of normal or known liver disease

Continued use criteria for patients stable on the medication: Non-formulary erenumab (Aimovig) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Continued to be prescribed by neurology provider with expertise in diagnosing/treating headache
- Patient has failed an adequate trial\(^\ast\) of or patient has an allergy or intolerance\(^*\) to galcanezumab (Emgality)
- Patient does not have alanine transaminase (ALT) greater than 1.5 times upper limit of normal or known liver disease