



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ERENUMAB-AOOE

| Generic | Brand | HICL | GCN | Exception/Other |
|---------------|---------|-------|-----|-----------------|
| ERENUMAB-AOOE | AIMOVIG | 44923 | | |

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
 - The patient has had a previous trial of at least **ONE** of the following preventative migraine treatments: Valproic acid/divalproex sodium, topiramate, propranolol, timolol, amitriptyline, venlafaxine, atenolol, nadolol,

If yes, **approve for 6 months for the requested strength as follows:**

- **Aimovig 70mg/mL autoinjector: #1mL (1 pack containing #1 70 mg/mL autoinjector, NDC 55513-0841-01) per 30 days.**
- **Aimovig 140mg-Dose 2-autoinjectors: #2mL (1 pack containing #2 70mg/mL autoinjectors, NDC 55513-0841-02) per 30 days.**
- **Aimovig 140mg/mL autoinjector (GPID 46116): #1mL per 30 days.**

APPROVAL TEXT: Renewal requires that the patient has experienced a reduction in migraine or headache frequency of at least 2 days per month, **OR** that the patient has experienced a reduction in migraine severity **OR** migraine duration with Aimovig therapy.

If no, continue to #2.

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ERENUMAB-AOOE

INITIAL CRITERIA (CONTINUED)

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
- The patient has had a previous trial of at least **ONE** of the following preventative migraine treatments: Valproic acid/divalproex sodium, topiramate, propranolol, timolol, 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 for the requested strength as follows:**

- **Aimovig 70mg/mL autoinjector: #1mL (1 pack containing #1 70 mg/mL autoinjector, NDC 55513-0841-01) per 30 days.**
- **Aimovig 140mg-Dose 2-autoinjectors: #2mL (1 pack containing #2 70mg/mL autoinjectors, NDC 55513-0841-02) per 30 days.**
- **Aimovig 140mg/mL autoinjector (GPID 46116): #1mL per 30 days.**

APPROVAL TEXT: Renewal requires that the patient has experienced a reduction in migraine or headache frequency of at least 2 days per month, **OR** that the patient has experienced a reduction in migraine severity **OR** migraine duration with Aimovig therapy.

If no, do not approve.

INITIAL DENIAL TEXT: The guideline named **ERENUMAB-AOOE (Aimovig)** requires a diagnosis of migraines. The following criteria must also be met:

For episodic migraines, approval requires:

- The patient is 18 years of age or older
- Aimovig is prescribed for the preventive treatment of migraines
- The patient has had a previous trial of at least **ONE** of the following preventative migraine treatments: Valproic acid/divalproex sodium, topiramate, propranolol, timolol, amitriptyline, venlafaxine, atenolol, nadolol

For chronic migraines, approval requires:

- The patient is 18 years of age or older
- Aimovig is prescribed for the preventive treatment of migraines
- The patient has had a previous trial of at least **ONE** of the following preventative migraine treatments: Valproic acid/divalproex sodium, topiramate, propranolol, timolol, amitriptyline, venlafaxine, atenolol, nadolol, or Botox [**Note: For Botox, previous trial of only NDCs # 00023-1145-01 or 00023-3921-02 are allowable**]

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ERENUMAB-AOOE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is Aimovig being prescribed for the preventive treatment of migraines **AND** does the patient meet at least **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 for the requested strength as follows:**

- **Aimovig 70mg/mL autoinjector: #1mL (1 pack containing #1 70 mg/mL autoinjector, NDC 55513-0841-01) per 30 days.**
- **Aimovig 140mg-Dose 2-autoinjectors: #2mL (1 pack containing #2 70mg/mL autoinjectors, NDC 55513-0841-02) per 30 days.**
- **Aimovig 140mg/mL autoinjector (GPID 46116): #1mL per 30 days.**

If no, do not approve.

RENEWAL DENIAL TEXT: The guideline named **ERENUMAB-AOOE (Aimovig)** requires that Aimovig is being prescribed for preventive treatment of migraines. At least **ONE** of the following criteria must also be met:

- 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

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. March 2019.

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes | Yes | No |

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