Prior Authorization (PA) Considerations for Aimovig® (erenumab-aooe)

to help organize PA information and potential documentation requirements

Patient name _____ Date of birth _____/_____/_____

Patient insurance plan _____

Healthcare provider (HCP) name _____

Neurology/Headache specialist? ..... ☐ Yes ☐ No If no, has a specialist been consulted? ..... ☐ Yes ☐ No

If yes, list name of specialist _____

While many plans do not require documentation, some plans may require documents to support PA, including a copy of your patient's chart notes.

Diagnosis factors

1. **Average number of headache days of any kind experienced per month over the past 3 months** _____
   – You may also ask for the number of days per month completely free of headaches
2. **Average number of migraine days per month over the past 3 months** _____
   – Some payer requirements may categorize patients as episodic or chronic based on the number of headache and migraine days in a month*

*For example, some payers categorize migraine as follows:

Chronic Migraine: ≥ 15 headache days per month, of which ≥ 8 are migraine days, for at least 3 months[1]

Episodic Migraine: 4-14 migraine days per month, with < 15 headache days per month[1]

Treatment factors

3. **Is Aimovig® being prescribed as a preventive treatment of migraine in adults?** ..... ☐ Yes ☐ No
4. **Has patient taken an acute migraine medication (eg, triptan)?**† ..... ☐ Yes ☐ No
   If yes, was this within the past 3 months? ..... ☐ Yes ☐ No
   If no, was the patient intolerant or had an inadequate response to acute migraine medication? ..... ☐ Yes ☐ No
5. **Has patient tried migraine preventive medications (eg, antidepressants, antiepileptics, antihypertensives, neurotoxins, CGRP inhibitors)?**‡ ..... ☐ Yes ☐ No
   The number of preventive medications required will depend on your health plan.

   Record the names of previous therapies (See other side for listing): _____

   If patient experienced inadequate response with medication, how long did the trial period last? _____

   If the patient was discontinued, was it due to ..... ☐ Intolerance and/or ☐ Inadequate response

Reauthorization

Once initial prescription is approved, reauthorization may be required after a period of time (3,6,12 months) depending on plan. Additional questions may include:

6. **Has the patient been previously approved Aimovig® for the [plan]?** ..... ☐ Yes ☐ No
7. **Has the patient experienced a positive response to therapy, demonstrated by a reduction in migraine frequency?** ..... ☐ Yes ☐ No
8. **Has the use of acute migraine medications (eg, NSAIDs, triptans) decreased since the start of CGRP therapy?** ..... ☐ Yes ☐ No
9. **Does the patient continue to be monitored for medication overuse headache (MOH)?** ..... ☐ Yes ☐ No

†Please see table on back side for examples of drugs within drug classes. Please be sure to record all medications the patient has tried and failed.
‡Medications may not be FDA approved for the preventive treatment of migraine.

CGRP=calcitonin gene-related peptide.

INDICATION

Aimovig® (erenumab-aooe) is indicated for the preventive treatment of migraine in adults.

IMPORTANT SAFETY INFORMATION

Contraindication: Aimovig® is contraindicated in patients with serious hypersensitivity to erenumab-aooe or to any of the excipients. Reactions have included anaphylaxis and angioedema.

Please see additional Important Safety Information on the next page.

aimovig® (erenumab-aooe) injection 70 mg/mL • 140 mg/mL

This resource is informational only and not intended to be directive or a guarantee of coverage.

Possible preventive therapies that may be listed in payer policies[2-5§]:

Antidepressants	Antiepileptics	Antihypertensives	Neurotoxins	CGRP inhibitors
☐ amitriptyline	☐ topiramate	☐ lisinopril	☐ onabotulinumtoxinA	☐ galcanezumab-gnlm
☐ fluoxetine	☐ divalproex sodium	☐ nebivolol		☐ fremanezumab-vfrm
☐ venlafaxine	☐ gabapentin	☐ propranolol		
☐ fluvoxamine	☐ lamotrigine	☐ candesartan		
	☐ sodium valproate	☐ atenolol		
	☐ carbamazepine	☐ metoprolol		
		☐ nadolol		
		☐ timolol		

Possible acute therapies that may be listed in payer policies[6-8]:

Over-the-counter medications	Prescription nonsteroidal anti-inflammatory drugs	Triptans	Ergotamines	Other
☐ ibuprofen	☐ ketoprofen	☐ sumatriptan	☐ dihydroergotamine (DHE)	
☐ naproxen	☐ diclofenac	☐ rizatriptan	☐ ergotamine	
☐ acetaminophen	☐ flurbiprofen	☐ zolmitriptan		
☐ aspirin		☐ almotriptan		
		☐ naratriptan		
		☐ frovatriptan		
		☐ eletriptan		

[§]Medications may not be FDA approved for the preventive treatment of migraine.

For additional product support, visit aimovighcp.com or call
833-AIMOVIG (833-246-6844), Monday - Friday, 8 am - 9 pm ET

IMPORTANT SAFETY INFORMATION

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Hypersensitivity Reactions: Hypersensitivity reactions, including rash, angioedema, and anaphylaxis, have been reported with Aimovig® in post marketing experience. Most reactions were not serious and occurred within hours of administration, although some occurred more than one week after administration. If a serious or severe reaction occurs, discontinue Aimovig® and initiate appropriate therapy.

Constipation with Serious Complications: Constipation with serious complications has been reported following the use of Aimovig® in the postmarketing setting. There were cases that required hospitalization, including cases where surgery was necessary. The onset of constipation was reported after the first dose in a majority of these cases, but patients also reported later on in treatment. Aimovig® was discontinued in most reported cases. Constipation was one of the most common (up to 3%) adverse reactions reported in clinical studies.

Monitor patients treated with Aimovig® for severe constipation and manage as clinically appropriate. Concurrent use of medications associated with decreased gastrointestinal motility may increase the risk for more severe constipation and the potential for constipation-related complications.

Hypertension: Development of hypertension and worsening of pre-existing hypertension have been reported following the use of Aimovig® in the postmarketing setting. Many of the patients had pre-existing hypertension or risk factors for hypertension. There were cases requiring pharmacological treatment and, in some cases, hospitalization. Hypertension may occur at any time during treatment but was most frequently reported within seven days of dose administration. In the majority of the cases, the onset or worsening of hypertension was reported after the first dose. Aimovig® was discontinued in many of the reported cases.

Monitor patients treated with Aimovig® for new-onset hypertension, or worsening of pre-existing hypertension, and consider whether discontinuation of Aimovig® is warranted if evaluation fails to establish an alternative etiology.

Adverse Reactions: The most common adverse reactions in clinical studies (≥ 3% of Aimovig®-treated patients and more often than placebo) were injection site reactions and constipation.

Please see accompanying Aimovig® full Prescribing Information.

References: 1. Aimovig® Prior Authorization Request Form. Optum Rx website. www.professionals.optumrx.com/content/dam/optum3/professional-optumrx/resources/pdfs/UHCEnl/Aimovig.pdf. Accessed April 8, 2020. **2.** D'Amico D, Tepper SJ. Prophylaxis of migraine: general principles and patient acceptance. *Neuropsychiatr Dis Treat.* 2008;4(6):1155-1167. **3.** Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012;78(17): 1337-1345. **4.** Simpson DM, Hallett M, Ashman EJ, et al. Practice guideline update summary: botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache: report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016;86(19):1818-1826. **5.** New drug class employs novel mechanism for migraine treatment and prevention. U.S. Food & Drug Administration website. www.fda.gov/drugs/news-events-human-drugs/new-drug-class-employs-novel-mechanism-migraine-treatment-and-prevention. Accessed April 8, 2020. **6.** Lipton RB, Diener HC, Robbins MS, Yacoub Garas S, Patel K. Caffeine in the management of patients with headache. *J Headache Pain*. 2017;18(7):1-11. **7.** Goadsby PJ, Sprenger T. Current practice and future directions in the prevention and acute management of migraine. *Lancet Neurol*. 2010;9(3):285-298. **8.** Ng-Mak DS, Hu XH, Chen Y, Ma L. Acute migraine treatment with oral triptans and NSAIDs in a managed care population. *Headache*. 2008;48:1176-1185.

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