

prior authorization (PA) considerations for Aimovig™ (erenumab-aooe)

a resource to help you organize common PA considerations and potential documentation requirements

Healthcare provider (HCP) name _____ Neurology/Headache specialist? Yes No

If no, has a specialist been consulted? Yes No

Patient name _____ Date of birth ____/____/____

Patient insurance plan _____

Diagnosis factors

- 1 Average number of headache days of any kind experienced per month over the past 3 months** _____
– To help clarify the number of headache days experienced per month, 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*

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 preventive medications (eg, antidepressants, antiepileptics, antihypertensives, neurotoxins)?[‡]** Yes No
The number of preventive medications required will depend on your health plan.

Record the names of previous therapies: _____

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

Did the patient fail because of intolerance or inadequate response?..... Yes No

Common considerations for completing a PA

- Review health plan-specific guidelines for Aimovig™ and ensure you have
 - Your provider ID number
 - Patient insurance information
 - Any necessary documents to support PA, including a copy of your patient's chart notes
 - Aimovig™ full Prescribing Information
- Complete and sign all documents as required and by plan deadlines

Use this resource to help organize for the PA process.

To submit PAs electronically, consider using CoverMyMeds, available at CoverMyMeds.com

*For example, if 15+ headache days per month, with ≥8 migraine days per month, patient categorized as having chronic migraine. If <15 headache days per month, with 4+ migraine days per month, patient categorized as having episodic migraine.¹

[†]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.

INDICATION

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

IMPORTANT SAFETY INFORMATION

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

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^{2,3§}:

Antidepressants	Antiepileptics	Antihypertensives	Neurotoxins	Other
<input type="checkbox"/> amitriptyline	<input type="checkbox"/> topiramate	<input type="checkbox"/> lisinopril	<input type="checkbox"/> onabotulinumtoxinA	
<input type="checkbox"/> fluoxetine	<input type="checkbox"/> divalproex sodium	<input type="checkbox"/> nebivolol		
<input type="checkbox"/> venlafaxine	<input type="checkbox"/> gabapentin	<input type="checkbox"/> propranolol		
<input type="checkbox"/> fluvoxamine	<input type="checkbox"/> lamotrigine	<input type="checkbox"/> candesartan		
	<input type="checkbox"/> sodium valproate	<input type="checkbox"/> atenolol		
	<input type="checkbox"/> carbamazepine	<input type="checkbox"/> metoprolol		
		<input type="checkbox"/> nadolol		
		<input type="checkbox"/> timolol		

Possible acute therapies that may be listed in payer policies⁴:

Over-the-counter medications	Prescription nonsteroidal anti-inflammatory drugs	Triptans	Ergotamines	Other
<input type="checkbox"/> ibuprofen	<input type="checkbox"/> ketoprofen	<input type="checkbox"/> sumatriptan	<input type="checkbox"/> dihydroergotamine (DHE)	
<input type="checkbox"/> naproxen	<input type="checkbox"/> diclofenac	<input type="checkbox"/> rizatriptan	<input type="checkbox"/> ergotamine	
<input type="checkbox"/> acetaminophen	<input type="checkbox"/> celecoxib	<input type="checkbox"/> zolmitriptan		
<input type="checkbox"/> aspirin		<input type="checkbox"/> almotriptan		
		<input type="checkbox"/> naratriptan		
		<input type="checkbox"/> frovatriptan		
		<input type="checkbox"/> eletriptan		

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If you need additional help, Aimovig Ally™ is here for you. We can help answer your questions about Aimovig™ and provide resources and support. Contact our Aimovig Ally™ support team at 833-AIMOVIG (833-246-6844), Monday - Friday, 8 am - 8 pm ET

References: 1. Aimovig™ Prior Authorization Request Form. Optum Rx website. https://professionals.optumrx.com/content/dam/optum3/professional-optumrx/resources/pdfs/partd/Aimovig_CMS.pdf. Accessed Sept. 18, 2018. 2. 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. 3. 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. 4. Marmura MJ, Silberstein SD, Schwedt TJ. The acute treatment of migraine in adults: the American Headache Society evidence assessment of migraine pharmacotherapies. *Headache*. 2015;55(1):3-20.

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