

**Migraine Prophylaxis – Preferred Agents**

- I. Generic Name:**
  - a. Erenumab (Aimovig®)
  - b. Fremanezumab (Ajovy®)
- II. Formulation**
  - a. Injectable
- III. Medication Class:**
  - a. Calcitonin Gene-related peptide (CGRP) Receptor Antagonist
- IV. Application of Criteria:**
  - a. The following criteria applies to Illinois Medicaid
- V. FDA Approved Uses:**
  - a. *Migraine Prophylaxis*: Preventative treatment of migraines in adults
- VI. Dosing:**
  - a. *Aimovig*: 70 or 140mg subcutaneously once monthly
  - b. *Ajovy*: 225mg subcutaneously monthly or 675mg subcutaneously every 3 months
- VII. Criteria for Use:**
  - a. Diagnosis of episodic or chronic migraine
  - b. Attestation to trial and failure of at least two agents used to prevent migraine or reduce migraine frequency in any of the following classes
    - A. Beta blockers (such as metoprolol or propranolol)
    - B. Antidepressants (i.e. amitriptyline, venlafaxine)
    - C. Anticonvulsants (i.e. valproate, topiramate)
    - D. Neuromuscular Blocker Agent (Botulinum Toxin – as a medical benefit)
- VIII. Required Medical Information:**
  - a. Proper diagnosis of an FDA approved indication
- IX. Contraindications:**
  - a. Hypersensitivity to requested medication or any component of the formulation
- X. Not Approved If:**
  - a. Patient has any contraindications to the use of the medication or any of its excipients

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- b. Used in combination with Botulinum toxin (Botox) for the prevention of migraines.
- c. Used in combination with another CGRP antagonist or inhibitor

**XI. Length of Authorization:**

- a. Initial: 3 months
- b. Continuation: up to 1 year

**XII. Criteria for Continuation of Therapy:**

- a. Member showing response and compliance to therapy

**XIII. Criteria for Discontinuation of Therapy:**

- a. Patient is noncompliant with medical or pharmacologic therapy
- b. No demonstrable clinically significant improvement in condition has occurred after initiation of therapy

**XIV. References:**

- a. Aimovig (Erenumab). Facts and Comparisons, 2020 Clinical Drug Information, LLC. Retrieved From: <https://fco.factsandcomparisons.com/lco/action/search?q=aimovig&t=name&va=>
- b. Ajovy (Fremanezumab). Facts and Comparisons, 2020 Clinical Drug Information, LLC. Retrieved From: <https://fco.factsandcomparisons.com/lco/action/search?q=ajovy&t=name&va=#uses-nested>
- c. Garza, I, et al. Chronic Migraine. Topic 3337 Version 32.0, @UpToDate Online. April 2020.
- d. Aimovig [Package Insert]. Thousand Oaks, CA; Amgen Inc.; April 2020.
- e. Ajovy [Package Insert]. North Wale, PA; Teva Pharmaceuticals USA; October 2020
- f. The International Classification of Headache Disorders 3<sup>rd</sup> edition. Classification Committee of the International Headache Society. Cephalalgia 2018; 39(1) 1-211.

Approved by: \_\_\_\_\_

CMO

Date: \_\_\_\_\_



**PHARMACY BENEFITS MANAGER**

**P. 222 Approval Criteria**

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<b>Initial Approval:</b>	01/01/19
<b>Revised:</b>	9/22/21
<b>Annual Review:</b>	12/21
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