Reference number(s)
7165-A

This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	☐
Advanced Control Formulary Chart (ACFC)	☐
Advanced Control – Choice (ACCF)	☐
Basic Control (BC)	☐
Basic Control Chart (BCC)	☐
Standard Control (SF)	☐
Standard Control Formulary Chart (SFC)	☐
Standard Control – Choice (SCCF)	☐
Value (VF)	☑
Value Formulary Chart (VFC)	☐

Formulary	Applies
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	☐
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	☐
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	☐

Exception Criteria
Aimovig

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Aimovig	erenumab-aooe

Indications

FDA-approved Indications

Aimovig is indicated for the preventive treatment of migraine in adults.

Coverage Criteria

Preventive Treatment of Migraine

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

- The patient CANNOT be treated with a formulary alternative (Available Formulary Alternatives: Ajovy, Emgality).
- The patient has experienced an inadequate treatment response, intolerance, or has a clinical reason to avoid Ajovy AND Emgality. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has NOT received at least 3 months of treatment with the requested drug.
- The patient has a history of migraine for 12 months or more which meets ONE of the following:
    - The patient has experienced at least 5 migraine headache attacks without aura that meet ALL of the following:
        - Headache attacks lasting 4 to 72 hours (when untreated or unsuccessfully treated).
        - Headache has at least TWO of the following characteristics: unilateral location, pulsating quality, moderate or severe pain intensity, aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs).
        - During headache the patient experienced ANY of the following: nausea and/or vomiting, photophobia and phonophobia.
        - Not better accounted for by another International Headache Society (IHS) International Classification of Headache Disorders (ICHD-3) diagnosis.
    - The patient has experienced at least 2 migraine headache attacks with aura that meet ALL of the following:
        - ONE or more of the following fully reversable aura symptoms: visual, sensory, speech and/or language, motor, brainstem, retinal.
        - At least THREE of the following characteristics: at least one aura symptom spreads gradually over 5 or more minutes, two or more aura symptoms occur in succession, each individual aura symptom lasts 5 to 60 minutes, at least one aura symptom is unilateral, at least one aura symptom is positive, the aura is accompanied, or followed within 60 minutes, by headache.
        - Not better accounted for by another International Headache Society (IHS) International Classification of Headache Disorders (ICHD-3) diagnosis.
- The patient has a history of at least 4 migraines per month on average over the previous 3 months. [ACTION REQUIRED: Documentation is required for approval.]
- The patient meets ONE of the following:
    - The patient has experienced an inadequate treatment response to a 56-day trial of ANY of the following: divalproex sodium, topiramate, valproate sodium, valproic acid,

metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has experienced an intolerance to, or the patient has a contraindication that would prohibit a trial of ANY of the following: divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine. [ACTION REQUIRED: Documentation is required for approval.]

Continuation of Therapy

Preventive Treatment of Migraine

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

- The patient CANNOT be treated with a formulary alternative (Available Formulary Alternatives: Ajovy, Emgality).
- The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to Ajovy AND Emgality. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has received at least 3 months of treatment with the requested drug.
- The patient had a reduction in migraine days per month from baseline.

Duration of Approval (DOA)

- 7165-A: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

References

1. Aimovig [package insert]. Thousand Oaks, CA: Amgen Inc; March 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. https://online.lexi.com. Accessed September 10, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/10/2025).
4. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1-211.
5. Charles A, Digre K, Goadsby P, et al. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024;64(4):333-341.