Erenumab-aooe (AIMOVIG) for Episodic Migraine Prevention Criteria for Use
January 2024

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to **ANY** item below is met, then the patient should **NOT** receive erenumab.

☐ Patient has uncontrolled hypertension

☐ Concurrent preventive therapy with another CGRP targeting agent (including other CGRP-targeting monoclonal antibodies and gepants)

☐ Patient with diagnosis of hemiplegic migraine or tension headache

Inclusion Criteria

All of the following must be fulfilled to receive erenumab for episodic migraine.

☐ Treatment initiated by a VA/VA Community Care neurologist or locally designated headache expert

☐ Patient started on erenumab must have a scheduled blood pressure check 2-4 weeks after initiation of therapy

☐ Episodic Migraine defined as 4 to 14 monthly headache days

☐ Contraindication, intolerance, or lack of therapeutic response after at least 12 weeks of a therapeutic dose of at least **one** beta blocker (e.g. metoprolol 50-100 mg BID, propranolol 20-80 mg BID)

☐ Contraindication, intolerance, or lack of therapeutic response after at least 12 weeks of a therapeutic dose of topiramate 50-200 mg BID

☐ Contraindication, intolerance, or lack of therapeutic response after at least 12 weeks of a therapeutic dose of divalproex 500-1000 mg daily (divalproex is not recommended in patients who can become pregnant)

☐ Contraindication, intolerance, or lack of therapeutic response after at least 12 weeks of a therapeutic dose of at least **one** antidepressant (e.g. amitriptyline 25-100 mg daily, nortriptyline 10-100 mg daily)

Additional Inclusion Criteria

Select if applicable:

☐ If using a combination of a CGRP-targeted monoclonal antibody for preventive therapy and CGRP receptor antagonist (gepant) for abortive therapy, patient has been evaluated and counseled on risks of concomitant therapy[2]

Footnotes:

[1] If a patient has received a botulinum toxin and demonstrated no response, this may be considered as **one** of the three required prevention medication trials.

[2] Safety evidence of concomitant CGRP acting agents is limited. Patients may be prone to CGRP-related adverse events. CGRP is involved in many pathophysiologic pathways including vasodilation and GI motor-stimulation and prosecretory effects. Alternative therapies may benefit patients at high risk for adverse outcomes from this combination (like high risk for ischemic events, severe constipation, etc.).

Supplemental Information

For patients who can become pregnant:

There are no adequate studies of CGRP in pregnant women. No adverse effects were observed in the offspring of pregnant monkeys given CGRP throughout gestation. The doses given resulted in much higher exposures than those achieved with the recommended dose in women. It is not known if CGRP is present in breast milk. The decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.

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