RX.PA.046.MPC Vyepti® (eptinezumab-jjmr)

The purpose of this policy is to define the prior authorization process for Vyepti® (eptinezumab-jjmr).

Vyepti® (eptinezumab-jjmr) is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventative treatment of migraine in adults.

PROCEDURE

A. Initial Authorization Criteria:

1. All requests must meet the following criteria:

- Member must be 18 years of age or older
- Member must have a diagnosis of chronic migraine defined as:
  - ≥ 15 headache days per month for at least 3 months
  - ≥ 8 migraine days per month for at least 3 months
  - Having >4 distinct headache episodes each lasting >4 hours a day or longer
- Must not be using opioids >10 days per month
- Must be prescribed by a neurologist or in consultation with a neurologist
- Must have an adequate trial (of at least 2 months each) of 3 prophylactic therapy classes to include beta-blockers, anticonvulsants, and tricyclic antidepressants (TCAs) with an inadequate response
  - For members in whom one of these therapy classes is not clinically appropriate and/or members with significant side effects/intolerance to one of these therapy classes, additional prophylactic therapy classes may be considered. Additional prophylactic therapy classes to consider are calcium channel blockers, selective serotonin reuptake inhibitors (SSRIs), selective norepinephrine reuptake inhibitors (SNRIs), or angiotensin converting enzyme inhibitors (ACEIs).
- Member has documented trial and failure (at least 3 months) or intolerance to **ALL** of the following:
  - Aimovig (erenumab)
  - Emgality (galcanezumab)

- Member has documented trial and failure (at least 3 months) or intolerance to Botox (onabotulinumtoxinA)
- Member must have a documented trial and failure or intolerance (at least 8 days per month for at least 3 months) with use of a triptan
- Must not be used in combination with any other CGRP antagonist medications

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Vyepti will be considered investigational or experimental for any other use and will not be covered.

D. <u>Reauthorization Criteria:</u>

MPC Renewal:

- Must not be using opioids >10 days per month
- Documentation from the prescriber showing that the member has improved/stabilized based on the prescriber's assessment
    - Improvement in migraine frequency and severity
    - Reduction in migraine days
    - Reduced use of medications to manage acute migraine attacks
- Must be prescribed by a neurologist or in consultation with a neurologist

Renewal from Previous Insurer:

- Members who have received prior approval (from insurer other than MPC), or have been receiving medication samples, should be considered under criterion A (Initial Authorization Criteria)
- Provider has a documented clinical response of the member's condition which has stabilized or improved compared to baseline.

<u>Quantity Limitations:</u>

Length of Authorization (if above criteria met)	
Initial Authorization	3 months
Reauthorization	12 months

Codes:

Code	Description
J3032	Injection, eptinezumab-jjmr, 1mg

REFERENCES

1. Vypeti [package insert]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.; September 2021.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual Review *Change in Non-MPC renewal to renewal from previous insurer*	*02/2024*
Annual Review	*02/2023*
Selected Revision *Addition of MPC vs Non-MPC Renewal Criteria*	*10/2022*
Update criteria: add distinct headache episodes, add opioid use verbiage, update trial with prophylactic medication verbiage	*07/2022*
Annual Review	*02/2022*
Addition of dosing requirements	*12/2021*
New Policy	*10/2021*