



RX.PA.046.CCH 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 preventive treatment of migraine in adults.

DEFINITIONS

Chronic migraine is defined as 15 or more headache days per month.

Episodic migraine is defined as fewer than 15 headache days per month.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.

Vyepti (eptinezumab-jjmr) is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

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
- Must be prescribed by a neurologist or in consultation with a neurologist
- Member has documented trial and failure (at least 3 months) or intolerance to at least 2 prophylactic medications from the following medication classes:
 - Antidepressants
 - Anticonvulsants
 - Calcium Channel Blockers
 - Beta-blockers
- Member has documented trial and failure (at least 3 months) or intolerance to at least 2 preferred CGRP antagonists:
 - Preferred alternatives covered through the pharmacy benefit may be found via <https://countycare.com/formulary-tool/>

- Member has documented trial and failure (at least 3 months) or intolerance to Botox (onabotulinumtoxinA)
- Must not be used in combination with any other CGRP antagonist medications

Reauthorization Criteria:

- Member continues to be in compliance with initial criteria
- 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

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.

HCPCS Codes:

Code	Brand	Description
J3032	VYEPTI	INJECTION, EPTINEZUMAB-JJMR, 1 MG

REFERENCES

1. Dodick, David W., et al. “Effect of Fremanezumab Compared With Placebo for Prevention of Episodic Migraine.” *Jama*, vol. 319, no. 19, 2018, p. 1999., doi:10.1001/jama.2018.4853
2. Goadsby, Peter J, et al. “A Controlled Trial of Erenumab for Episodic Migraine.” *New England Journal of Medicine*, Oxford University Press, 30 Nov. 2017, www.nejm.org/doi/full/10.1056/NEJMoa1705848.
3. Silberstein, Stephen D., et al. “Fremanezumab for the Preventive Treatment of Chronic Migraine.” *New England Journal of Medicine*, vol. 377, no. 22, 2017, pp. 2113–2122., doi:10.1056/nejmoa1709038.
4. Tepper, S, et al. “Safety and Efficacy of Erenumab for Preventive Treatment of Chronic Migraine: a Randomised, Double-Blind, Placebo-Controlled Phase 2 Trial.” *Advances in Pediatrics.*, U.S. National Library of Medicine, 28 Apr. 2017, www.ncbi.nlm.nih.gov/pubmed/28460892?dopt=Abstract.
5. Loder, Elizabeth, et al. “The 2012 AHS/AAN Guidelines for Prevention of Episodic Migraine: A Summary and Comparison With Other Recent Clinical Practice Guidelines.” *Headache Journal.*, American Headache Society. 23 April 2012, http://www.headachejournal.org/SpringboardWebApp/userfiles/headache/file/j_1526-4610_2012_02185_x.pdf.

6. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018 Jan;38(1):1-211. doi: 10.1177/0333102417738202.
7. Robbins MS, Starling AJ, Pringsheim TM, et al. Treatment of Cluster Headache: The American Headache Society Evidence-Based Guidelines. Headache. 2016 Jul;56(7):1093-106. doi: 10.1111/head.12866.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Initial Review	3/22
Updated initial authorization duration to 1 year	02/23

Record Retention

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

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