STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Vyepti (eptinezumab-jjmr)
PAM-030

Iowa Medicaid Program:	Prior Authorization	**Effective Date:**	01/01/2021
Revision Number:	4	**Last Rev Date:**	01/19/2024
Reviewed By:	Medicaid Medical Director	**Next Rev Date:**	01/17/2025
Approved By:	Medicaid Clinical Advisory Committee	**Approved Date:**	12/23/2020

Overview

Medication: [1]	eptinezumab-jjmr
Brand Name:	Vyepti®
Pharmacologic Category:	Antimigraine agent, calcitonin gene-related peptide (CGRP) antagonist
FDA-Approved Indication(s):	Indicated for the preventive treatment of migraine in adults
How Supplied:	Single-dose vial, 100 mg/mL
Dosage and Administration:	• Intravenous (IV) infusion • Recommended dosage is 100 mg every 3 months • Some patients may benefit from a dosage of 300 mg every 3 months
Benefit Category:	Medical

Descriptive Narrative

Migraine is a neurological disorder characterized by attacks of throbbing, often unilateral headaches that are exacerbated by physical activity and associated with symptoms such as nausea, vomiting, and/or light and sound sensitivity. Migraine is widespread, with a one-year period prevalence of 18 percent in women and 6 percent in men, and prevalence peaks between the ages of 25 and 55. Among neurological conditions, it ranks second worldwide in terms of years lost to disability and is associated with increased risk for a range of common health conditions, including anxiety, depression, asthma, epilepsy, and stroke. In addition to the substantial burden of illness, migraine is also associated with a considerable financial burden, with annual total costs estimated at $27 billion in the United States.[2]

Calcitonin gene-related peptide (CGRP) is a blood-brain barrier impermeant neuropeptide that is expressed throughout the nervous system, and in high concentrations in the several regions of the brain. CGRP is increased during migraine, causing vasodilation, pro-inflammatory response, and is involved in pain signaling. Interfering with CGRP allows an opportunity to target a cause of migraine headache. There are two classes of CGRP inhibitors—monoclonal antibodies (mAbs) and small molecule antagonists (gepants).[3]

Vyepti® is a monoclonal antibody, CGRP antagonist indicated for the preventive treatment of migraine in adults. The drug is an infused agent that requires administration by a healthcare professional at 3-month intervals.

ICHD-3 criteria for migraine and chronic migraine[4]

Migraine

(A) At least five attacks fulfilling criteria B-D.
(B) Headache attacks lasting 4 – 72 hours (when untreated or unsuccessfully treated).
(C) Headache has at least two of the following four characteristics:
    1. Unilateral location.
    2. Pulsating quality.
    3. Moderate or severe pain intensity.
    4. Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs).
(D) During headache at least one of the following:
    1. Nausea and/or vomiting.
    2. Photophobia and phonophobia.
(E) Not better accounted for by another diagnosis.

Chronic Migraine

(A) Migraine-like or tension-type-like headache on ≥ 15 days/month for > 3 months that fulfill criteria B and C.
(B) Occurring in a patient who has had at least five attacks fulfilling criteria B-D for migraine without aura and/or criteria B and C for migraine with aura.
(C) On ≥ 8 days/month for > 3 months, fulfilling any of the following:
    1. Criteria C and D for migraine without aura.
    2. Criteria B and C for migraine with aura.
    3. Believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative.
(D) Not better accounted for by another diagnosis.

Medication-Overuse Headache

(A) Headache occurring on ≥ 15 days/month in a patient with a preexisting headache disorder.
(B) Regular overuse for > 3 months of one or more drugs that can be taken for acute and/or symptomatic treatment of headache, with medication overuse defined as:
    1. Ten or more days/month for ergot derivatives, triptans, opioids, combination analgesics‡, and a combination of drugs from different classes that are not individually overused.
    2. Fifteen or more days/month for nonopioid analgesics, acetaminophen, and NSAIDS.
(C) Not better accounted for by another diagnosis.

** ICHD-3, International Classification of Headache Disorders, 3rd edition*
‡ *Drugs of 2 or more classes, each with analgesic effect (e.g., acetaminophen + codeine) or acting as adjuvants (e.g., caffeine).*

Guidelines

The American Headache Society published a consensus statement in 2021 regarding the integration of new migraine treatments into clinical practice. An overview of that statement follows below.[5]

The goals of migraine prevention are to:

- Reduce attack frequency, severity, duration, and disability.
- Improve responsiveness to and avoid escalation in use of acute treatment.
- Improve function and reduce disability.
- Reduce reliance on poorly tolerated, ineffective, or unwanted acute treatments.
- Reduce overall cost associated with migraine treatment.
- Enable patients to manage their own disease to enhance a sense of personal control.
- Improve health-related quality of life (HRQoL).
- Reduce headache-related distress and psychological symptoms.

Developing treatment plans:

- As with acute treatment, individualized patient education and lifestyle modification recommendations are important to preventive treatment plans.
- The use of evidence-based treatments is essential to the success of migraine prevention.
- Oral treatments should be started at a low dose and titrated slowly until the target response develops, the maximum or target dose is reached, or tolerability issues emerge.
- With oral treatments, prevention plans should be followed for a minimum of 8 weeks at a target therapeutic dose before lack of effectiveness can be determined.
    - If there is no response to treatment after at least 8 weeks at a target or usual effective dose, switching treatments is recommended.
    - Patients with a partial response should be counseled that cumulative benefits may occur over 6-12 months of continued use.
- Establish realistic expections. It is crucial that patients understand that any of the following can define success in migraine prevention:
    - 50% reduction in the frequency of days with headache or migraine.
    - Significant decrease in attack duration as defined by the patient.
    - Significant decrease in attack severity as defined by the patient.
    - Improved response to acute treatment.
    - Reduction in migraine-related disability and improvements in functioning in important areas of life.
    - Improvements in HRQoL and reduction in psychological distress due to migraine.
- Optimize drug selection, reviewing comorbid and coexisting conditions when making decisions about the use of specific medicatinos and non-pharmacologic approaches.
- Maximize adherence.

The Migraine Disability Assessment Test

The **MIDAS** (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

INSTRUCTIONS

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select zero if you did not have the activity in the last 3 months. Please take the completed form to your healthcare professional.

_____ 1. On how many days in the last 3 months did you miss work or school because of your headaches?

_____ 2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)

_____ 3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?

_____ 4. How many days in the last 3 months was your productivity in household work reduced by half of more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)

_____ 5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?

_____ Total (Questions 1-5)

What your Physician will need to know about your headache:

_____ A. On how many days in the last 3 months did you have a headache? (If a headache lasted more than 1 day, count each day.)

_____ B. On a scale of 0 - 10, on average how painful were these headaches? (where 0=no pain at all, and 10= pain as bad as it can be.)

Scoring: After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B).

MIDAS Grade	Definition	MIDAS Score
I	Little or No Disability	0-5
II	Mild Disability	6-10
III	Moderate Disability	11-20
IV	Severe Disability	21+

If Your MIDAS Score is 6 or more, please discuss this with your doctor.

Criteria

Prior authorization is required.

Vyepti® is considered medically necessary when **ALL** of the following are met:

1. Member is 18 years of age or older; **AND**
2. Has been diagnosed with **ONE** of the following *(see ICHD-3 criteria in Descriptive Narrative section)*:
    a. Chronic migraine – defined as a headache occurring on 15 or more days per month for more than 3 months which, on at least 8 days per month, has features of a migraine headache; **OR**
    b. Episodic migraine – defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3-month period; **AND**
3. The member has tried and failed a therapeutic course (at least 8 weeks or more) of one drug from each of two different prophylactic drug classes *(unless drug is contraindicated or member experiences an adverse reaction or hypersensitivity):*
    a. Antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); **OR**
    b. Beta-blockers (e.g., metoprolol, propranolol, timolol); **OR**
    c. Antidepressants (e.g., amitriptyline, venlafaxine); **OR**
    d. Botulinum toxin injections (for migraine prophylaxis); **AND**
4. Member has not been receiving botulinum toxin injections for migraine prophylaxis, or plans to discontinue treatment with botulinum toxin once therapy with Vyepti® has been started; **AND**
5. Member will not initiate botulinum toxin injection for headache prophylaxis while treated with Vyepti®; **AND**
6. Vyepti® will not be used in combination with another calcitonin gene-related peptide (CGRP) antagonist or inhibitor also being used for the preventive treatment of migraine (e.g., Aimovig®, Ajovy®, Emgality®, Nurtec ODT®, Qulipta®, Zavzpret®); **AND**
7. The regimen prescribed is within the FDA-approved labeling. If dose or schedule exceeds the FDA-approved regimen, regimen (including dosage) must be supported by clinical practice guidelines (supporting clinical documentation must be provided with any request for which the regimen or dosage prescribed does not align with FDA-approved labeling).

Vyepti® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Vyepti® will not be used in combination with another calcitonin gene-related peptide (CGRP) antagonist or inhibitor also being used for the preventive treatment of migraine (e.g., Aimovig®, Ajovy®, Emgality®, Nurtec ODT®, Qulipta®, Zavzpret®); **AND**
3. The regimen prescribed is within the FDA-approved labeling. If dose or schedule exceeds the FDA-approved regimen, regimen (including dosage) must be supported by clinical practice guidelines (supporting clinical documentation must be provided with any request for which the regimen or dosage prescribed does not align with FDA-approved labeling); **AND**
4. One of the two following situations apply (a or b):
    a. Member has experienced a positive response to therapy as demonstrated by a reduction in migraine days per month from baseline, as documented by the Migraine Disability Assessment Tool (MIDAS) *(see above in Guidelines section)*;
        i. Continued coverage may be authorized for an additional 12-month period. **OR**
    b. Efficacy has not been demonstrated at the 100 mg dose;
        i. Continued coverage may be authorized for an additional 3-month period at the 300 mg dosage.

Approval Duration and Quantity Limits

	Initial Authorization	Subsequent Authorization(s)
Approval Duration	6 months	12 months
Quantity Limits	100 mg every 3 months	Up to 300 mg every 3 months

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J3032	Injection, eptinezumab-jjmr, 1 mg

ICD-10	Description
G43 – G43.919	Migraine

NDC	Labeler	Dosage	Pkg Size	Pkg Qty	Units/Pkg
67386-0130-51	Lundbeck Seattle BioPharmaceuticals, Inc.	1 mg	1	EA	100

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Vyepti prescribing information (10/2022). Lundbeck Seattle BioPharmaceuticals, Inc.: Bothell, WA. Available online at www.vyeptihcp.com. Accessed December 17, 2023.

[2] Ailani, J, Burch, RC, Robbins, MS; the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021; 61: 1021– 1039. PMID 34160823.

[3] Ray JC, Kapoor M, Stark RJ, *et al.* Calcitonin gene related peptide in migraine: current therapeutics, future implications and potential off-target effects. *Journal of Neurology, Neurosurgery & Psychiatry* 2021;92:1325-1334. PMID 33495299.

[4] 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. PMID: 29368949.

[5] Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021 Jul;61(7):1021-1039. Epub 2021 Jun 23. PMID: 34160823.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

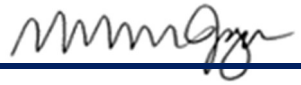
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual review. Added Zavzpret® (zavagepant) to list of preventive CGRP therapies not to be used in combination with Vyepti®.	4
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Updated statistics and disease overview in Descriptive Narrative. Added ICHD-3 criteria for migraine. Changed initial authorization period from 3 months to 6 months. Criteria listed under "not considered medically necessary" was incorporated into main criteria section. Added summary of American Headache Society Consensus Statement to the Guidelines.	3
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Annual review.	2
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
01/15/2021	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee