Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

VYEPTI® (eptinezumab-jjmr) PA Criteria

VYEPTI® (eptinezumab-jjmr) is a humanized monoclonal antibody that specifically binds to calcitonin gene-related peptide (CGRP) ligand and blocks its binding to the receptor. Indicated for the preventive treatment of migraine in adults, VYEPTI® is administered by intravenous infusion over approximately 30 minutes every 3 months.

Prior authorization is required for VYEPTI® (eptinezumab-jjmr). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

CHRONIC MIGRAINE HEADACHE PROPHYLAXIS

Initial authorization: 6 months

1. Member is 18 years old or older.

   AND

2. Medication must be prescribed by a neurologist or a headache specialist.

   AND

3. Medication is being prescribed for the prevention of chronic migraine, defined as both of the following and must be documented in chart notes:
   a. ≥ 15 headache days per month for at least 3 months
   b. ≥ 8 migraine days per month for at least 3 months

   AND

4. Member has tried and failed or unable to tolerate two prophylactic medications from the following groups with 2 months per trial for drugs "a-d" below as evidenced by paid pharmacy claims, or a 12-week trial of "e", onabotulinumtoxinA, as documented by physician attestation and/or paid medical claims:
   a. Beta-blockers (e.g., metoprolol, timolol, atenolol, nadolol, or propranolol)
   b. Antidepressants (e.g., amitriptyline, nortriptyline, duloxetine, or venlafaxine)
   c. Anticonvulsant medications (e.g., topiramate, divalproex sodium/valproic acid)
   d. Angiotensin II Receptor Blocker (i.e., candesartan)
   e. Botulinum Toxin serotype A: specifically onabotulinumtoxin A (Botox®)

   AND

5. Member has tried and failed or is unable to tolerate two of the following abortive therapeutic options: ergotamine, triptans, combination analgesics, or simple analgesics (at least one trial must be a triptan drug) for 2 months per trial (for at least 8 days per month)

   AND

6. Member must have a 3-month trial and failure for each of the following preferred drugs:
    a. Aimovig (erenumab-aooe)
    b. Ajovy (fremanezumab-vfrm)
    c. Emgality (galcanezumab-gnlm)

    AND

7. Member does not have ANY of the following:
    a. Member was older than 50 years of age when first diagnosed with migraines
    b. Active medication-overuse headache, cluster headache, or hemiplegic migraine
    c. Concurrent use with botulinum toxin injection or any other prophylactic CGRP products (e.g., Ajovy, Aimovig, Emgality)

    AND

8. Dosage allowed: 100mg administered intravenously every 3 months. A dose of 300mg may also be used after 3 months of 100mg dose. No evidence is established for any other dosages.

Note: Safety and effectiveness of Vyepti as combination therapy with Botox, Aimovig, Ajovy, or Emgality has not been established and is, therefore considered experimental and investigational.

Reauthorization Criteria: 12 months

1. Member is in compliance with all other initial criteria.

    AND

2. Chart notes have been provided showing improvement in migraine frequency and severity (e.g., reduced migraine days, reduced use of medications for acute migraines attacks).

EPISODIC MIGRAINE HEADACHE PROPHYLAXIS

Initial authorization: 6 months

1. Member is 18 years old or older.

    AND

2. Medication must be prescribed by a neurologist or a headache specialist.

    AND

3. Medication is being prescribed for prevention of episodic migraine, defined as both of the following and must be documented in chart notes:
    a. ≤ 14 headache days per month for at least 3 months
    b. 4 or more migraine days per month for at least 3 months that cause significant impairment to quality of life (i.e. requiring bed rest, missed school/work)

    AND

4. Member has tried and failed or unable to tolerate three prophylactic medications from the following groups for 2 months per trial:
    a. Beta-blockers (e.g., metoprolol, timolol, atenolol, nadolol, or propranolol)
    b. Antidepressants (e.g., amitriptyline, nortriptyline, duloxetine, or venlafaxine)
    c. Anticonvulsant medications (e.g., topiramate, divalproex sodium/valproic acid)
    d. Angiotensin II Receptor Blocker (i.e., candesartan)

    AND

5. Member has tried and failed or unable to tolerate two of the following abortive therapeutic options: ergotamine, triptans, combination analgesics, or simple analgesics (at least one trial must be a triptan drug) for 2 months per trial (for at least 8 days per month)

    AND

6. Member must have a 3-month trial and failure for each of the following preferred drugs:
    a. Aimovig (erenumab-aooe)
    b. Ajovy (fremanezumab-vfrm)
    c. Emgality (galcanezumab-gnlm)

    AND

7. Member does NOT have ANY of the following:
    a. Member was older than 50 years of age when first diagnosed with migraines
    b. Active medication-overuse headache, cluster headache, or hemiplegic migraine
    c. Concurrent use with botulinum toxin injection or any other prophylactic CGRP products

    AND

8. Dosage allowed: 100mg administered intravenously every 3 months. A dose of 300mg may also be used. No evidence is established for any other dosages.

Note: Safety and effectiveness of Vyepti as combination therapy with Botox, Aimovig, Ajovy, or Emgality has not been established and is, therefore considered experimental and investigational.

Reauthorization Criteria: 12 months

1. Member is in compliance with all other initial criteria

    AND

2. Chart notes have been provided showing improvement in migraine frequency and severity (e.g., reduced migraine days, reduced use of medications for acute migraines attacks).