Vyepti® (eptinezumab-jjmr)
(Intravenous)

Document Number: IC-0527

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Vyepti 100 mg/mL solution SDV: 3 vials per 84 days

B. Max Units (per dose and over time) [HCPCS Unit]:

– 300 billable units every 84 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient must be 18 years or older; **AND**

Universal Criteria [1,4-8]

- Other causes of headaches have been ruled out; **AND**
- Not used in combination with other calcitonin gene-related peptide (CGRP) antagonists (e.g., erenumab, galcanezumab, fremanezumab, etc.); **AND**
- Patient is not on concurrent treatment with a botulinum toxin (i.e., abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB, etc.); **AND**
- Patient will continue to utilize prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, physical therapy, etc.); **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., Headache Impact Test [HIT]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID]); **AND**
- Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of prophylactic medications below for examples) prior to initiation of eptinezumab; **AND**

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Preventative Treatment of Migraines [1-9]†

- Patient has a diagnosis of chronic migraines defined as 15 or more headache (tension-type-like and/or migraine-like) days per month for at least 3 months*; **AND**
    - Patient has had at least five attacks with features consistent with migraine (with and/or without aura)§; **AND**
    - On at least 8 days per month for at least 3 months:
        - Headaches have characteristics and symptoms consistent with migraine§; **OR**
        - Patient suspected migraines are relieved by a triptan or ergot derivative medication; **AND**
    - Patient had an inadequate response (or unable to tolerate) a minimum trial of at least two doses of a botulinum toxin; **OR**
- Patient has a diagnosis of frequent episodic migraines defined as at least 5 headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated)*; **AND**
    - Headaches have characteristics and symptoms consistent with migraine without aura§; **AND**
    - Medication overuse headache has been ruled out by trial and failure of titrating off acute migraine treatments in the past

**Patients new to therapy must initiate treatment at the lower dosing regimen of the 100 mg dose before increasing to the subsequent 200 mg dose or 300 mg dose, if required.*

† FDA Approved Indication; ‡ Literature Supported Indication

Migraine-Prophylaxis Oral Medications *(list not all-inclusive)* [2,3,4,6]
• Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) • Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol etc.) • Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.) • Anti-epileptics (e.g., divalproex, valproate, topiramate, etc) • Calcium channels blockers (e.g., verapamil, etc)
§Migraine Features [4,6]
Migraine without aura ○ At least five attacks have the following: ○ Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) ○ Headache has at least two of the following characteristics: – Unilateral location – Pulsating quality – Moderate or severe pain intensity – Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); **AND** ○ During headache at least one of the following symptoms: – Nausea and/or vomiting – Photophobia and phonophobia
Migraine with aura ○ At least two attacks have the following: ○ One or more of the following fully reversible aura symptoms: – Visual – Sensory – Speech and/or language – Motor

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- Brainstem
- Retinal; **AND**

- At least two of the following characteristics:
  - At least one aura symptom spreads gradually over ≥5 minutes, and/or two or more symptoms occur in succession
  - Each individual aura symptom lasts 5 to 60 minutes
  - At least one aura symptom is unilateral
  - The aura is accompanied, or followed within 60 minutes, by headache

IV. Renewal Criteria [1,4,6]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe hypersensitivity reactions, etc.; **AND**
- Disease response as evidenced by the following:
  - Reduction in mean monthly headache days of ≥50% relative to the pretreatment baseline; **OR**
  - A clinically meaningful improvement in ANY of the following validated migraine-specific patient-reported outcome measures:
    - Reduction of ≥5 points when baseline score is 11–20 OR Reduction of ≥30% when baseline scores >20 in the MIDAS scores; **OR**
    - Reduction of ≥5 points in the MPFID score; **OR**
    - Reduction of ≥5 points in the HIT-6 score; **AND**
  - Dose escalation* (up to the maximum dose and frequency specified below) may occur upon clinical review on a case by case basis provided that the patient has:
    - Shown an initial improvement or response to therapy, as described above; **AND**
    - Had subsequent loss of response or no net decrease in frequency of headaches; **AND**
    - Received a minimum of two doses at the next stepped dose and interval specified below

  **Note: Patient must have a trial of 200 mg prior to escalating to the maximum dose of 300 mg*

V. Dosage/Administration

Indication	Dose
Migraine – Preventative Treatment	The recommended dosage is 100 mg administered by intravenous infusion every 3 months. • Some patients may benefit from a dosage of up to 300 mg every 3 months. ○ When up-dosing is deemed medically necessary, the patient must have a trial of 200 mg dosing, and be re-evaluated per the above response criteria, prior to a step-wise increase up to the maximum dosing of 300 mg.

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VI. Billing Code/Availability Information

HCPCS Code:

- J3590 – Unclassified biologics
- C9399 – Unclassified drugs or biologics
- C9063 – Injection, eptinezumab-jjmr, 1 mg: 1 billable unit = 1 mg *(Discontinue effective 10/01/2020)*
- J3032 - Injection, eptinezumab-jjmr, 1 mg: 1 billable unit = 1 mg (*Effective 10/01/2020*)

NDC:

- Vyepti 100 mg/mL solution for injection; single-dose vial: 67386-0130-xx

VII. References

1. Vyepti [package insert]. Bothell, WA; Lundbeck Seattle BioPharm., Inc; February 2020. Accessed March 2020.
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4. The International Classification of Headache Disorders, 3rd edition. Headache Classification Committee of the International Headache Society (IHS) Cephalalgia. 2018 ;38(1):1-211.
5. Garza I, Schwedt TJ. Chronic Migraine. In UpToDate, JW Swanson (Ed). UpToDate, Waltham, MA. (Accessed on April 26, 2017).
6. American Headache Society. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. Headache. 2019 Jan;59(1):1-18. doi: 10.1111/head.13456. Epub 2018 Dec 10.
7. Ashina M, Saper J, Cady R, et al. Eptinezumab in episodic migraine: A randomized, double-blind, placebo-controlled study (PROMISE-1). Cephalalgia. 2020 Feb 19:333102420905132. doi: 10.1177/0333102420905132. [Epub ahead of print]
8. Cady R, McGill L, Hirman J, et al. Patient Global Impression of Change Related to Improvement in Most Bothersome Symptom Following Treatment With Eptinezumab (S38.009). Neurology Apr 2019, 92 (15 Supplement) S38.009;
9. Kudrow D, Lipton R, Silberstein S, et al. Eptinezumab for Prevention of Chronic Migraine: Results of 2 Infusions in the Phase 3 PROMISE-2 (Prevention of Migraine via Intravenous Eptinezumab Safety and Efficacy–2) Trial (P2.10-006). Neurology Apr 2019, 92 (15 Supplement) P2.10-006;

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G43.001	Migraine without aura, not intractable, with status migrainosus

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ICD-10	ICD-10 Description
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.401	Hemiplegic migraine, not intractable, with status migrainosus
G43.409	Hemiplegic migraine, not intractable, without status migrainosus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.419	Hemiplegic migraine, intractable, without status migrainosus
G43.501	Persistent migraine aura without cerebral infarction, not intractable, with status migrainosus
G43.509	Persistent migraine aura without cerebral infarction, not intractable, without status migrainosus
G43.511	Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
G43.519	Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/Article): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC

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Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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