

# SENTARA COMMUNITY PLAN (MEDICAID)

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

**Drug Requested:** Vyepi™ (eptinezumab) (Pharmacy) (Non-Preferred)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommended Dosage:** 100mg intravenously every 3 months; individuals who do not respond to 100mg may be approved for 3 vials (300mg) every 3 months.

**\*\*Vyepi is unproven and not medically necessary for:**

- Acute attack of migraine
- Episodic cluster headache

(Continued on next page)

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**Initial Authorization Approval: 6 months**

**DIAGNOSIS:** Please check one of the applicable diagnoses below

- Has the member been approved for Vyepti previously through the Sentara medical department?
  - Yes
  - No
- Member must be 18 years of age or older
- Member have a diagnosis of migraine with or without aura based on International Classification of Headache Disorders (ICHD-III) diagnostic criteria
- Member has been utilizing prophylactic intervention modalities (e.g., pharmacotherapy, behavioral therapy, physical therapy, etc.)

**Diagnosis: Episodic Migraine**

- Member must have a diagnosis of frequent episodic migraines defined as at least 5 headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated)
- Headaches have characteristics and symptoms consistent with migraine without aura
- Medication overuse headache has been ruled out by trial and failure of titrating off acute migraine treatments in the past
- Member must have failed at least an 8-week trial of any two oral medications for the prevention of migraines (e.g. antidepressants, beta blockers, antiepileptics) prior to initiation of Vyepti™
- Member had an inadequate response (or unable to tolerate) a minimum trial of at least two preferred self-injectable CGRP options:
  - Aimovig™
  - Ajovy®
  - Emgality™ Pen
- Vyepti not be used in combination with prophylactic calcitonin gene-related peptide (CGRP) inhibitors (e.g., Aimovig, Ajovy, Emgality, Nurtec, Qulipta, etc.)

(Continued on next page)

**❑ Diagnosis: Chronic Migraine**

- ❑ Member must have a diagnosis of chronic migraines defined as 15 or more headache (tension-type-like and/or migraine-like) days per month for > 3 months
- ❑ Member has had at least five attacks with features consistent with migraine (with and/or without aura)
- ❑ On at least 8 days per month for > 3 months:
  - ❑ Headaches have characteristics and symptoms consistent with migraine **OR**
  - ❑ Member suspected migraines are relieved by a triptan or ergot derivative medication
- ❑ Member has failed at least an 8-week trial of any two oral medications for the prevention of migraines (e.g. antidepressants, beta blockers, antiepileptics) prior to initiation of Vyepi™
- ❑ Member had an inadequate response (or unable to tolerate) a minimum trial of at least two preferred self-injectable CGRP options:
  - ❑ Aimovig™
  - ❑ Ajovy®
  - ❑ Emgality™ Pen
- ❑ Vyepi will not be used in combination with prophylactic calcitonin gene-related peptide (CGRP) inhibitors (e.g., Aimovig, Ajovy, Emgality, Nurtec, Qulipta, etc.)

**Reauthorization Approval: 12 months.** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member continues to meet the initial criteria
- ❑ Member has absence of unacceptable toxicity from the drug
- ❑ Member experienced a clinical response as evidenced by:
  - ❑ Reduction in mean monthly headache days (MHD) of at least moderate severity of  $\geq 50\%$  relative to the pretreatment baseline (diary documentation or medical professional attestation)

**OR**

(Continued on next page)

- A clinically meaningful improvement in **ANY** of the following validated migraine-specific member-reported outcome measures:
  - Reduction of  $\geq 5$  points when baseline score is 11–20 OR Reduction of  $\geq 30\%$  when baseline score is  $> 20$  in the MIDAS (Migraine Disability Assessment) scores **OR**
  - Reduction of  $\geq 5$  points in the MPFID (Migraine Physical Function Impact Diary) score **OR**
  - Reduction of  $\geq 5$  points in the HIT-6 (Headache Impact Test) score

**Medication being provided by: Please check applicable box below.**

- Location/site of drug administration:** \_\_\_\_\_  
**NPI or DEA # of administering location:** \_\_\_\_\_

**OR**

- Specialty Pharmacy – PropriumRx**

***\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****