SENTARA COMMUNITY PLAN
(MEDICAID)

MEDICAL 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 1-844-305-2331**. 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: Vyepti™ (eptinezumab) **Intravenous (IV) Injection (Medical) (J3032)**

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:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

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

- Vyepti ™ 100 mg/mL solution; 1 vial = 100 billable units

****Vyepti is unproven and not medically necessary for:**

- Acute attack of migraine
- Episodic cluster headache

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

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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
- ❑ Prescriber has assessed baseline disease severity utilizing an objective measure/tool (e.g., International Classification of Headache Disorders (ICHD-III); Headache Impact Test [HIT-6]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID])
- ❑ 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.)

❑ 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

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- ❑ 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 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 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 ≥50% relative to the pretreatment baseline (diary documentation or medical professional attestation)

OR

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

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

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.