EPTINEZUMAB injection (Vyepti® ▼) for preventing migraine

The Cheshire and Merseyside Interim Area Prescribing Group recommends the prescribing of EPTINEZUMAB injection (Vyepti® ▼), by specialists only, for the prevention of episodic and chronic migraine in accordance with NICE TA871.

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Eptinezumab is licensed for the prophylaxis of migraine in adults who have at least 4 migraine days per month[1].

NICE technology appraisal TA871 (01 March 2023) recommends eptinezumab (Vyepti® ▼) as an option for preventing migraine in adults, only if:

- they have 4 or more migraine days a month,
- at least 3 preventative drug treatments have failed and
- the company provides it according to the commercial agreement.

The clinical and cost effectiveness evidence provided by the company for TA871 was based on a dose of 100mg every 12 weeks.[2] As the 300mg dose was not assessed by NICE, dosage escalation to 300mg every 12 weeks is not recommended for use.

Treatment should be initiated by a healthcare professional experienced in the diagnosis and treatment of migraine.

Eptinezumab should be stopped after 12 weeks if:

- in episodic migraine (fewer than 15 headache days a month), the frequency does not reduce by at least 50%.
- in chronic migraine (15 headache days a month or more and at least 8 of those having features of migraine), the frequency does not reduce by at least 30%[2].

For further information on the prevention of migraine, please refer to the following national and local guidance:

- NICE Clinical Guideline [CG150] Headaches in over 12s: diagnosis and management, updated 17 December 2021.
- British Association for the Study of Headache National Headache Management System for Adults, 2019.
- Cheshire Area Prescribing Group Headache Pathway (Adults), last updated December 2022.
- Pan Mersey Area Prescribing Committee Headache pathway (adults), last updated 28 September 2022.

NICE does not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendation in England will be less than £5 million per year (or £9,000 per 100,000 population). This is because eptinezumab is another treatment option that works in a similar way to other calcitonin gene-related peptide (CGRP) inhibitors and practice will not change substantially because of the guidance. Therefore, the overall incremental cost of treatment is low.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

References

1. Lundbeck Limited. Summary of Product Characteristics: Vyepti 100mg concentration for solution for infusion, 20 December 2022. Accessed on 11 February 2023.
2. National Institute for Health and Care Excellence. Technology Appraisal TA871; Eptinezumab for preventing migraine , 01 March 2023. Accessed on 01 March 2023.