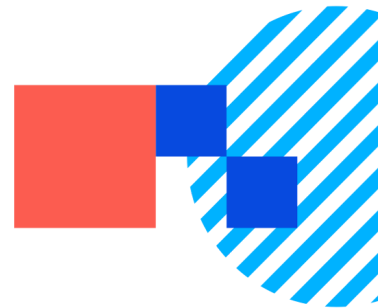




Vyepti Medical Policy

Drug(s) Applied:	Vyepti (eptinezumab-jjmr)
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Criteria:

Drug(s) Applied are considered medically necessary when the requested drug meets ALL the criteria below:

I. Initial Therapy Criteria

A. Migraine prophylaxis, chronic or episodic as indicated by chart notes within past 120 days

1. Patient has 4 or more migraines with or without aura per month **and**
2. Patient is 18 years of age or older **and**
3. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP **and**
4. ONE of the following:
 - a) Patient has tried and had an inadequate response to at least TWO migraine prophylactic classes [i.e., anticonvulsants (i.e., divalproex, valproate, topiramate), beta blockers (i.e., metoprolol, nadolol, propranolol, timolol), antidepressants (i.e., amitriptyline, venlafaxine ER), candesartan] after an adequate trial (e.g., ≥8 weeks) **or**
 - b) Patient has an intolerance or FDA labeled contraindication to ALL migraine prophylaxis agents listed above **and**
5. Patient has tried and had an inadequate response to at least TWO non-intravenous CGRP inhibitors (e.g., Aimovig, Ajovy, etc.) indicated for migraine prophylaxis after an adequate trial (e.g., ≥3 months), or patient has a serious intolerance or contraindication to ALL agents **and**
6. If for chronic migraine prophylaxis, patient has tried and had an inadequate response to Botox (onabotulinum toxin A) after an adequate trial (e.g., ≥3 treatment sessions), or patient has a serious intolerance or contraindication to therapy

Approval Duration: Up to 100 units per 3 months (1 treatment session)

II. Continued Therapy Criteria

A. Migraine prophylaxis, chronic or episodic as indicated by chart notes within past 12 months

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., reduced



migraine headache days, reduced migraine severity or duration, reduced use of acute abortive migraine medication) **and**

3. Chart notes or claims data do NOT show patient will be using the requested agent in combination with another prophylactic use CGRP **and**
4. If request is for 300 mg dose, then BOTH of the following:
 - a) Patient has had an inadequate response to 100 mg dose following an adequate trial (e.g., ≥ 6 months) **and**
 - b) Prescriber provides documentation supporting the need for higher-dose therapy

Approval Duration: 12 months

If submitting for medical billing:

J3032, eptinezumab-jjmr (Vyepti), 1 unit = 1 mg