curative

Vyepti Medical Policy

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

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