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Montana Healthcare Programs
Physicians Administered Drug Authorization (PAD) Criteria
Vyepti® (eptinezumab-jjmr)

I. Medication Description

Vyepti® is a calcitonin gene-related peptide receptor antagonist indicated for the preventive treatment of migraine in adults.

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Member must meet all the following criteria:

- Be 18 years of age or older.
- Have a diagnosis of episodic or chronic migraine.
- Have a history of inadequate response (trial of at least 2 months duration) to two (2) prophylactic conventional therapy that is either U.S. Food and Drug Administration (FDA)-approved or supported in guidelines.
- If member has a contraindication or intolerance to one category or prophylactic conventional therapy, another category of medications must be used.
  - Antidepressant: amitriptyline or venlafaxine
  - Beta-blocker: metoprolol, propranolol or timolol
  - Anti-convulsant: topiramate or valproate
- Must have a history of inadequate response (trial of at least three-month duration), contraindication or intolerance to at least one preferred self-administered calcitonin gene-related peptide (CGRP) inhibitor for the same indication.
- Must not be concurrently receiving Botox (onabotulinumtoxin A).

Prescriber requirements:

- Document number of baseline headaches.
- Attests this therapy is being used as a preventative therapy, not for the treatment of acute attack.
- Attests member **will not** use Vyepti® concomitantly with other CGRP therapies.

Limitations: Dosed per package labeling

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Have a positive clinical response to therapy as demonstrated by reduction in migraine frequency compared to number of migraine days at baseline.

Prescriber requirements:

- Have documentation of member's positive clinical response to therapy as demonstrated by reduction in migraine frequency compared to number of migraine days at baseline.
- Attests this therapy is being used as a preventative therapy, not for the treatment of acute attack.
- Attests member **will not** use Vyepti® concomitantly with other CGRP therapies.

V. Quantity Limits

Maximum dose = 300mg IV every 3 months

VI. Coverage Duration

Initial approval: 6 months

Renewal approval duration: 12 months

References:

https://www.lundbeck.com/content/dam/lundbeck-com/americas/united-states/products/neurology/vyepti_pi_us_en.pdf