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RX.PA.046.MPC Vyepti® (eptinezumab-jjmr)

The purpose of this policy is to define the prior authorization process for Vyepti[®] (eptinezumab-jjmr).

Vyepti® (eptinezumab-jjmr) is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventative treatment of migraine in adults.

PROCEDURE

A. Initial Authorization Criteria:

- 1. All requests must meet the following criteria:
 - Member must be 18 years of age or older
 - Member must have a diagnosis of chronic migraine defined as:
 - ≥ 15 headache days per month for at least 3 months
 - ≥ 8 migraine days per month for at least 3 months
 - Must be prescribed by a neurologist or in consultation with a neurologist
 - Member has documented trial and failure (at least 3 months) or intolerance to at least 2 prophylactic medications from the following medication classes:
 - Antidepressants
 - Anticonvulsants
 - Calcium Channel Blockers
 - Beta-blockers
 - Member has documented trial and failure (at least 3 months) or intolerance to <u>ALL</u> of the following:
 - Aimovig (erenumab)
 - Emgality (galcanezumab)
 - Member has documented trial and failure (at least 3 months) or intolerance to Botox (onabotulinumtoxinA)
 - Must not be used in combination with any other CGRP antagonist medications
- B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.



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C. Vyepti will be considered investigational or experimental for any other use and will not be covered.

D. Reauthorization Criteria:

- Member continues to be in compliance with initial criteria
- Documentation from the prescriber showing that the member has improved/stabilized based on the prescriber's assessment
 - o Improvement in migraine frequency and severity
 - Reduction in migraine days
 - o Reduced use of medications to manage acute migraine attacks

Quantity Limitations:

Length of Authorization (if above criteria met)		
Initial Authorization	6 months	
Reauthorization	12 months	

Codes:

Code	Description
J3032	Injection, eptinezumab-jjmr, 1mg

REFERENCES

1. Vypeti [package insert]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.; September 2021.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual Review	02/2022
Addition of dosing requirements	12/2021
New Policy	10/2021

