

Vyepti® (eptinezumab-jjmr)

When requesting Vyepti® (eptinezumab-jjmr), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Vyepti is indicated for the preventive treatment of migraine in adults.

Coverage Guidelines

Migraine Headache Prevention

An individual must meet **all** of the following criteria for approval:

- Is 18 years of age or older;
- Has greater than or equal to 4 migraine headache days per month (prior to initiating a migraine-preventative medication);
- Has tried at least two standard prophylactic pharmacologic therapies, each from a different pharmacologic class (e.g., angiotensin receptor blocker, angiotensin converting enzyme inhibitor, anticonvulsant, β -blocker, calcium channel blocker, tricyclic antidepressant, other antidepressant) and meets one of the following:
 - o Had an inadequate response to both of those standard prophylactic medications; OR
 - o Has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic medications; OR
 - o Had an inadequate response to one standard prophylactic medication and has experienced adverse event(s) severe enough to warrant discontinuation of another standard prophylactic medication;

Note: A patient who has already tried an oral or injectable calcitonin gene-related peptide (CGRP) inhibitor indicated for the prevention of migraine or Botox (onabotulinumtoxA injection) for the prevention of migraine is not required to try two standard prophylactic pharmacologic therapies.

- Is not using another calcitonin gene-related peptide (CGRP) inhibitor for the prevention of migraine headache (e.g., Qulipta, Ajovy, Aimovig, Emgality)
- For the request of continuation of Vyepti, the individual must have a significant clinical benefit (e.g., a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time Vyepti was initiated)

Approval duration (initial and renewal): 12 months

Dosing Recommendations

The recommended dosage is 100 mg administered by intravenous infusion every 3 months.

References

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11. Emgality® injection for subcutaneous use [prescribing information]. Indianapolis, IN: Lilly; May 2021.
12. Qulipta™ tablets [prescribing information]. Madison, NJ: AbbVie; April 2023.
13. Nurtec® ODT [prescribing information]. New Haven, CT: Biohaven; April 2023.
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