

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Vyepti (eptinezumab)

Override(s)	Approval Duration
Prior Authorization	Initial request: 3 months
Quantity Limit	Renewal requests: 1 year

Medications	Quantity Limit
Vyepti (eptinezumab) 100 mg/mL vial	1 vial (100 mg)* per 3 months

\*Individuals who do not respond to 100 mg dose may be approved for 3 vials (300 mg) every 3 months

### **APPROVAL CRITERIA**

Initial requests for Vyepti (eptinezumab) may be approved when the following criteria are met:

- I. Individual has a diagnosis of one of the following:
  - A. Episodic migraine defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3 month period; **OR**
  - B. Chronic migraine defined as a headache occurring on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of a migraine headache (ICHD-3);

**AND**

- II. Individual is using Vyepti for migraine prophylaxis;

**AND**

- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to two agents for migraine prophylaxis\* (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence):
  - A. The following antidepressants: amitriptyline, venlafaxine; **OR**
  - B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol; **OR**
  - C. The following calcium channel blocker: verapamil; **OR**
  - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
  - E. Botox (for chronic migraine).

\*Agents for migraine prophylaxis – May require Prior Authorization

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Renewal requests for Vyepti (eptinezumab) may be approved when the following criteria are met:

- I. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
  - II. Individual has obtained clinical benefit deemed significant by individual or prescriber.
- Requests for Vyepti (eptinezumab) may **not** be approved for the following:

- I. Individual is using concomitantly with botulinum toxin for migraine prophylaxis.

#### Key References:

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9. Dodick DW, Lipton RB, Silberstein S, et.al. Eptinezumab for prevention of chronic migraine: A randomized phase 2b clinical trial. Cephalgia. 2019; 39(9):1075-1085.
10. Ashina M, Saper J, Cady R et al. Eptinezumab in episodic migraine: a randomized, double-blind, placebo-controlled study (PROMISE-1). Cephalgia. 2020; 0(0): 1-14. Doi: 10.1177/0333102420905132.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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