



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 2, 2021 April 5, 2021, April 8, 2021, October 29, 2021

## **VYEPTI™ (eptinezumab-jjmr)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of migraines.
- Treatment is for prevention of migraine headaches.
- Trial and failure of one of the following:
  - Amitriptyline
  - Beta Blocker
  - Topiramate
  - Divalproex Sodium
  - Valproic Acid
- Trial and failure to two months of Emgality or Aimovig.

**CONTINUATION OF THERAPY:**

- Patient has met initial review criteria.
- A positive clinical response is documented with therapy.

**DOSING AND ADMINISTRATION:**

- 100 mg intravenous infusion every 3 months OR 300 mg intravenous infusion every 3 months
- Available as 100 mg/mL single-dose vial injection.
- Must dilute in 100 mL of 0.9% Sodium Chloride before use.