

Montana Healthcare Programs
Physician Administered Drug Coverage Criteria
VYEPTI® (eptinezumab-jjmr)

I. Medication Description

Vyepti® is a calcitonin gene-related peptide antagonist indicated for the preventative 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 the following criteria:

- Member is 18 years of age or older.
- Member has a diagnosis of one of the following conditions:
 - Episodic migraines: 4-14 migraine days per month AND <15 headache days per month
 - Chronic migraines: ≥8 migraine days per month AND ≥15 headache days per month
- Member must not be concurrently receiving Botox (onabotulinumtoxinA).
- Must have a history of inadequate response (trial of at least two-month duration), contraindication or intolerance to two conventional prophylactic therapies in at least two separate classes below:
 - Amitriptyline or venlafaxine
 - Atenolol, metoprolol, nadolol or propranolol
 - Topiramate or divalproex
- Must have a history of inadequate response (trial of at least three-month duration), contraindication or intolerance to at least one preferred self-administered CGRP inhibitors for the same indication.
 - The list of Montana Healthcare Programs preferred drugs is on the Pharmacy webpage of the Provider Information website <https://medicaidprovider.mt.gov/enduserproviders>.
 - Vyepti® must not be used concomitantly with other CGRP antagonists.

IV. Renewal Coverage Criteria

Member must meet the following criteria:

- Member has been adherent to Vyepti®
- Member has experienced a positive clinical response, as demonstrated by a reduction in monthly migraine frequency compared to number of migraine days at baseline.

V. Quantity Limitations

Max of 300mg IV every 3 months

VI. Coverage Duration

- Initial approval duration: 6 months
- Renewal approval duration: 1 year