Prior Authorization (PA) Checklist

for VYEPTI™ (eptinezumab-jjmr)

VYEPTI is the first IV calcitonin gene-related peptide antagonist indicated for the preventive treatment of migraines in adults.¹

This checklist is for informational purposes only. It provides examples of the type of information that may be required when submitting a prior authorization to a patient's insurance company. Use of this information does not guarantee reimbursement for coverage. This checklist is not intended to be a substitute for or to influence the independent clinical decision of the prescriber.

STEP (1) Insurance Investigation

 To understand the PA requirements for each plan, offices must contact the insurance providers, as different plans may have different requirements PA considerations vary between plans, including processes, step requirements, duration of approval and other relevant information.

STEP 2 Patient/Provider Information

- Name
- O Date of birth
- Insurance plan
- O Specialist, or specialist consulted
- O Provider ID number

Some plans may require documentation of specific information, while some may require physician attestation.

STEP (3) Diagnosis Information

- O Diagnosis/ICD-10-CM
- O Average number of migraine days per month over the past 3 months
- Track the frequency of headaches
 - Note number of migraine days per month

Some payer requirements may classify migraine patients as episodic or chronic based on the number of headache and migraine days experienced in a month.

STEP 4 Treatment Information

- Note all previous acute migraine medications taken by patient within the last 3 months
- O Note any intolerance of or inadequate response to acute migraine medication
- O Note all previous preventive medications taken by the patient
- Note if patient experienced inadequate response to a preventive medication and the duration of the trial period
 - Plans may have a minimal trial period of preferred products in their coverage policies
- Olf a medication was discontinued, list all the reasons for discontinuation
- Note re-authorization criteria

Step therapy requirements may vary between plans.

If you have questions, visit www.vyepticonnect.com or call 833-4-VYEPTI, Monday-Friday, 8 AM - 8 PM EST

Indication

VYEPTI™ is indicated for the preventive treatment of migraine in adults.

Important Safety Information

CONTRAINDICATIONS

 VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included angioedema.

vyepti—,
connect™

Please see additional Important Safety Information on next page. For more information, see the accompanying full Prescribing Information including Patient Information.



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WARNINGS AND PRECAUTIONS

Hypersensitivity reactions: Hypersensitivity reactions, including angioedema, urticaria, facial flushing, and rash,
have occurred with VYEPTI in clinical trials. Most hypersensitivity reactions occurred during infusion and were not
serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. If a
hypersensitivity reaction occurs, consider discontinuing VYEPTI, and institute appropriate therapy.

ADVERSE REACTIONS

• The most common adverse reactions (≥2% and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

For more information, see the accompanying full Prescribing Information including Patient Information.



