vyepti®

(eptinezumab-jjmr)

100 mg/mL Injection for IV

Infusing with confidence and flexibility for your patients

Your guide to referring out, infusing in-office, and access support for VYEPTI patients.

For more information, please see the Full Prescribing Information and Patient Information or go to vyeptihcp.com.

Actor Portrayal

VYEPTI Infusion Network

Lundbeck partners with a network of infusion providers to deliver a consistent VYEPTI treatment experience in a convenient location for your patients.

With the VYEPTI Infusion Network, your patients can expect*:

- **Touchpoints to keep the prescriber informed pre- and post-treatment, including next infusion date**
- **Help enrolling in the VYEPTI CONNECT Copay Assistance Program†**
- **Assistance with benefits investigations and prior authorizations**

- **Patients can also expect a welcome phone call from the infusion provider, which may come from an unrecognized number**
- **Please remind patients to be aware of this upcoming call**

INFUSION FOR HEALTH P: 888-777-1945	IVX HEALTH P: 629-258-2240	option care health® P: 844-789-3784	PARAGON HEALTHCARE P: 877-365-5566
SOLEO HEALTH® P: 844-575-1515	TwelveStone HEALTH PARTNERS P: 615-278-3350	vitalcare® INFUSION SERVICES P: 877-488-4825	VIVO infusion P: 720-902-4111

Home infusion may be an option, depending on your patient's insurance coverage.
IVX Health, Infusion for Health, and Vivo Infusion only consist of outpatient infusion sites.

Find a VYEPTI Infusion Network location.

**Other infusion providers may also have these offerings.*
†For eligible patients with commercial insurance.

To download VYEPTI Infusion Network referral forms and other access resources, visit vyeptihcp.com/access

Contact a Field Access Specialist for patient specific questions about VYEPTI Infusion Network referrals.
For general questions about the VYEPTI Infusion Network, contact your Biopharmaceutical Account Manager.

VYEPTI administration is not limited to the VYEPTI Infusion Network; Lundbeck does not recommend use of a specific infusion provider.

Additional sites of infusion

Other infusion providers, hospital-owned outpatient centers/clinics

- A stand-alone infusion center or part of a local hospital or healthcare system organization

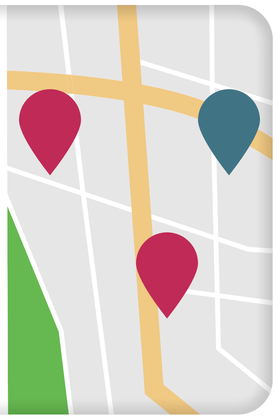
Home infusion

- With Home infusion, your patients can receive VYEPTI from a registered nurse in the comfort of their home

THE VYEPTI INFUSION LOCATOR CAN HELP IDENTIFY INFUSION OPTIONS NEAR YOUR PATIENTS

Some insurers may require VYEPTI to be infused in certain sites of care or by specific in-network infusion providers in order to be covered.

VYEPTI Infusion Locator Tool



Help avoid delays for your patient and office

When referring patients to the **VYEPTI Infusion Network** or **other infusion providers**:

1. **Ensure the referral form is completed** with all the required information
2. **Include a copy of the patient's insurance card** (front and back)
3. **Attach chart note** including medication history that satisfies the patient's insurance requirements

Remind patients that they will receive a welcome phone call from the infusion provider, which may be a number they don't recognize

For more information, please see the Full Prescribing Information and Patient Information or go to vyeptihcp.com.

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Buy-and-Bill via Specialty Distributor

Specialty distributors included in Lundbeck's network

ASD Healthcare	P: 800-746-6273	F: 800-547-9413
Besse Medical	P: 800-543-2111	F: 800-543-8695
Oncology Supply	P: 800-633-7555	F: 800-248-8205
Plasma & Biologics	P: 877-625-2566	F: 888-752-7626
Specialty Care Division	P: 855-477-9800	F: 800-800-5673
Oncology and Urology	P: 877-453-3972	F: 877-274-9897
Hospitals	P: 855-855-0708	F: 614-553-6301
Metro Medical™	P: 800-768-2002	
	P: 877-599-7748	F: 800-862-6208

HCPCS J-CODE J3032

VYEPTI National Drug Code | 100 mg/mL Solution in Single-Dose Vial
10-Digit Format: 67386-130-51
11-Digit Format for Claims Submissions: 67386-0130-51

For additional information, please see the **VYEPTI Billing and Coding Guide**.

KEY STEPS:

Complete a benefits investigation

- Verify your patient's benefits and submit a prior authorization (PA), if needed. **VYEPTI CONNECT** can help confirm coverage for eligible patients; learn more on the Access Support tab

Order VYEPTI and arrange shipment

- Order from one of the VYEPTI network specialty distributors; they will ship to your office, typically within 1 business day of opening your account

Submit a claim

- Collect your patient's out-of-pocket cost and submit a claim to the payer for reimbursement of medication and administration services

Lundbeck does not recommend the use of any particular specialty distributor.

For more information, please see the Full Prescribing Information and Patient Information or go to vyeptihcp.com.

Order via Specialty Pharmacy

Specialty pharmacies included in Lundbeck's network

Walgreens Specialty Pharmacy	P: 855-244-2555	F: 877-828-3939
Orsini Specialty Pharmacy	P: 800-259-7145	F: 877-892-3019

Use this URL to download the referral forms for each specialty pharmacy:
vyeptihcp.com/specialtypharmacy

Lundbeck does not recommend the use of any particular specialty pharmacy.

To help avoid treatment delays for your patient and office…

Communicate with the specialty pharmacy

- It's important for your office to communicate with the specialty pharmacy in case more information is needed to verify your patients' coverage and coordinate shipments

Prepare your patients

- Your patients will be contacted directly for permission to ship VYEPTI

Remind them it's important to answer calls from the specialty pharmacy or to promptly call them back

- To avoid the call appearing as an "unknown," please have your patients add the specialty pharmacy number to their phone contacts

Click for more information

on the specialty pharmacy prescription, shipment, and claims process.

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100 mg/mL Injection for IV

vyepti connect™

Whichever way you choose to infuse, VYEPTI CONNECT® can help

VYEPTI CONNECT can help eligible patients enroll in copay assistance, understand insurance coverage, and find an in-network infusion location.

Let patients know how they could save

Card is for illustrative purposes only.
No physical copay card is provided.

Your patients may pay as little as $0 for VYEPTI*

- **Includes savings on patient's administration copay†**
- **Includes 100 mg and up to 300 mg doses**
- **Eligible patients with commercial insurance**

**Eligibility criteria and program maximums apply. This offer is NOT available for people enrolled in Medicare, Medicaid, or any other government healthcare program. Please see the full Terms and Conditions at vyepticonnect.com/termsandconditions.*
†Copay assistance for IV administration costs is restricted in MA, MN, and RI.

Ready to get your patients started? You can enroll them online here, or your patient can enroll themselves by visiting vyeptisavings.com or by calling **833-4-VYEPTI**.

VYEPTI CONNECT is only available for eligible patients who have been prescribed VYEPTI and who are enrolled in VYEPTI CONNECT; support may vary based on patient eligibility. See full Terms and Conditions.

Improved access for VYEPTI. Your patients may already qualify

VYEPTI Coverage Finder

Find Coverage details for VYEPTI in your area.

This website tool provides details about VYEPTI coverage information and authorization requirements for your patients' plans.

Use the tool below to learn more about VYEPTI coverage and plan details for your patients.

SEARCH | MEDICAL | PHARMACY

Showing Medical coverage for VYEPTI in:

Search Plans | SHOW ALL | COMMERCIAL | MEDICARE | MEDICAID

Plan name	Plan type	Coverage	Prior authorization	Step therapy	Plan details
UnitedHealthcare Advantage 3 Tier PPO	Commercial	Covered PA & ST	Yes	Yes	Show Details
Aetna Standard PPO	Commercial	Covered PA & ST	Yes	Yes	Show Details
Anthem BCBS Essential PPO 4 Tier	Commercial	Covered PA & ST	Yes	Yes	Show Details

Source: Managed Markets Insight and Technology, LLC™, a trademark of MMIT.

Results shown for illustrative purposes.

Discover details on medical and pharmacy plan coverage benefits for VYEPTI in the selected geography. This tool is for informational purposes only.

Additional support resources*

PA Checklist

Sample Letters
(Appeal, Exception, Necessity)

**These resources help organize or demonstrate information that may be required for your patient's insurance. This does not guarantee reimbursement of coverage, and is not intended to be a substitute for, or to influence, the independent clinical decision of the prescriber.*

For more information, please see the Full Prescribing Information and Patient Information or go to vyeptihcp.com.

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(eptinezumab-jjmr)
100 mg/mL Injection for IV

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 anaphylaxis and angioedema.

WARNINGS AND PRECAUTIONS

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

Hypertension: Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including VYEPTI, in the postmarketing setting. Some of the patients who developed new-onset hypertension had risk factors for hypertension. There were cases requiring initiation of pharmacological treatment for hypertension, and in some cases hospitalization. Hypertension may occur at any time during treatment, but was most frequently reported within 7 days of therapy initiation. The CGRP antagonist was discontinued in many of the reported cases.

Monitor patients treated with VYEPTI for new-onset hypertension or worsening of pre-existing hypertension, and consider whether discontinuation of VYEPTI is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

Raynaud's Phenomenon: Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists. In reported cases with monoclonal antibody CGRP antagonists, symptom onset occurred a median of 71 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most reported cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms.

VYEPTI should be discontinued if signs or symptoms of Raynaud's phenomenon develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

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.

vyepti®
(eptinezumab-jjmr)
100 mg/mL Injection for IV

For more information, please see the Full Prescribing Information and Patient Information or go to vyeptihcp.com.

Lundbeck

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VYEPTI safely and effectively. See full prescribing information for VYEPTI.

VYEPTI® (eptinezumab-jjmr) injection, for intravenous use
Initial U.S. Approval: 2020

RECENT MAJOR CHANGES

Warnings and Precautions (5.2, 5.3) 3/2025

INDICATIONS AND USAGE

VYEPTI is a calcitonin gene-related peptide antagonist indicated for the preventive treatment of migraine in adults (1)

DOSAGE AND ADMINISTRATION

- Must dilute before use. For intravenous infusion only (2.1, 2.2)
- Recommended dosage is 100 mg as an intravenous infusion over approximately 30 minutes every 3 months. Some patients may benefit from a dosage of 300 mg (2.1, 2.3)
- Dilute only in 100 mL of 0.9% Sodium Chloride Injection, USP (2.2)

DOSAGE FORMS AND STRENGTHS

Injection: 100 mg/mL solution in a single-dose vial (3)

CONTRAINDICATIONS

VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients (4)

WARNINGS AND PRECAUTIONS

- Hypersensitivity Reactions: If a hypersensitivity reaction occurs, consider discontinuing VYEPTI and initiate appropriate therapy (5.1)
- Hypertension: New-onset or worsening of pre-existing hypertension may occur (5.2)
- Raynaud's Phenomenon: New-onset or worsening of pre-existing Raynaud's phenomenon may occur (5.3)

ADVERSE REACTIONS

The most common adverse reactions (≥2% and 2% or greater than placebo) were nasopharyngitis and hypersensitivity (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Lundbeck at 1-800-455-1141 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 3/2025

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

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

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosing

The recommended dosage is 100 mg administered by intravenous infusion every 3 months. Some patients may benefit from a dosage of 300 mg administered by intravenous infusion every 3 months.

2.2 Dilution Instructions

VYEPTI requires dilution prior to administration. Dilute only in 100 mL 0.9% Sodium Chloride Injection, USP. The infusion bags must be made of polyvinyl chloride (PVC), polyethylene (PE), or polyolefin (PO). Use appropriate aseptic technique when preparing VYEPTI solution for intravenous infusion. VYEPTI single-dose vials contain no preservative; discard unused portion remaining in the vial.

Dilution

100 mg dose:

To prepare the solution, withdraw 1 mL of VYEPTI from a single-dose vial using a sterile needle and syringe. Inject the 1 mL content into a 100 mL bag of 0.9% Sodium Chloride Injection, USP.

300 mg dose:

To prepare the solution, withdraw 1 mL of VYEPTI from each of 3 single-dose vials using a sterile needle and syringe. Inject the resulting 3 mL content into a 100 mL bag of 0.9% Sodium Chloride Injection, USP.

Storage and Handling of Diluted Product

Gently invert the VYEPTI solution to mix completely. Do not shake. Following dilution, VYEPTI solution must be infused within 8 hours. During this time, VYEPTI solution should be stored at room temperature, 20°C to 25°C (68°F to 77°F). Do not freeze.

2.3 Infusion Administration Instructions

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if the liquid contains visible particulate matter or is cloudy or discolored *[see Dosage Forms and Strengths (3)]*.

No other medications should be administered through the infusion set or mixed with VYEPTI. VYEPTI is for intravenous infusion only; infuse over approximately 30 minutes. Do not administer VYEPTI as an intravenous push or bolus injection. Use an intravenous infusion set with a 0.2 micron or 0.22 micron in-line or add-on sterile filter. After the infusion is complete, flush the line with 20 mL of 0.9% Sodium Chloride Injection, USP.

3 DOSAGE FORMS AND STRENGTHS

VYEPTI is a clear to slightly opalescent, colorless to brownish-yellow solution available as follows:

- Injection: 100 mg/mL in a single-dose vial

4 CONTRAINDICATIONS

VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients in VYEPTI. Reactions have included anaphylaxis and angioedema *[see Warnings and Precautions (5.1)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Hypersensitivity reactions, including angioedema, urticaria, facial flushing, dyspnea, and rash, have occurred with VYEPTI in clinical trials and in the postmarketing setting. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. Cases of anaphylaxis have been reported in the postmarketing setting. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI and institute appropriate therapy *[see Contraindications (4) and Patient Counseling Information (17)]*.

5.2 Hypertension

Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including VYEPTI, in the postmarketing setting. Some of the patients who developed new-onset hypertension had risk factors for hypertension. There were cases requiring initiation of pharmacological treatment for hypertension, and in some cases hospitalization. Hypertension may occur at any time during treatment, but was most frequently reported within 7 days of therapy initiation. The CGRP antagonist was discontinued in many of the reported cases.

Monitor patients treated with VYEPTI for new-onset hypertension or worsening of pre-existing hypertension, and consider whether discontinuation of VYEPTI is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

5.3 Raynaud's Phenomenon

Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists. In reported cases with monoclonal antibody CGRP antagonists, symptom onset occurred a median of 71 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most reported cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms.

VYEPTI should be discontinued if signs or symptoms of Raynaud's phenomenon develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Hypersensitivity Reactions *[see Warnings and Precautions (5.1)]*
- Hypertension *[see Warnings and Precautions (5.2)]*
- Raynaud's Phenomenon *[see Warnings and Precautions (5.3)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety of VYEPTI was evaluated in 2076 patients with migraine who received at least one dose of VYEPTI, representing 1615 patient-years of exposure; of these, 1524 patients were exposed to 100 mg or 300 mg. Across all doses, 1872 patients were exposed for at least 6 months and 991 patients were exposed for 12 months. In the placebo-controlled clinical studies (Study 1 and Study 2) of 1372 patients, 579 patients received at least one dose of VYEPTI 100 mg, 574 patients received at least one dose of VYEPTI 300 mg, and 588 patients received placebo *[see Clinical Studies (14)]*. Approximately 86% were female, 89% were white, and the mean age was 40.4 years at study entry.

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

Table 1 summarizes the adverse reactions that occurred during Study 1 and Study 2.

Table 1. Adverse Reactions Occurring with an Incidence of at Least 2% for VYEPTI and at Least 2% Greater than Placebo in Studies 1 and 2

Adverse Reactions	VYEPTI 100 mg N=579 %	VYEPTI 300 mg N=574 %	Placebo N=588 %
Nasopharyngitis	6	8	6
Hypersensitivity reactions*	1	2	0

*Hypersensitivity reactions includes multiple related adverse event terms, such as hypersensitivity, pruritus, and flushing/hot flush that occurred on the day of dosing.

In Study 1 and Study 2, 1.9% of patients treated with VYEPTI discontinued treatment because of adverse reactions *[see Warnings and Precautions (5.1)]*.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to eptinezumab-jjmr in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

In patients receiving VYEPTI 100 mg or 300 mg every 3 months, the incidence of anti-eptinezumab-jjmr antibody development in Study 1 (up to 56 weeks) was 20.6% (92/447), and 41.3% (38/92) of those patients developed anti-eptinezumab-jjmr neutralizing antibodies. In Study 2 (up to 32 weeks), the incidence of anti-eptinezumab-jjmr antibody development was 18.3% (129/706), and 34.9% (45/129) of those patients developed anti-eptinezumab-jjmr neutralizing antibodies. In an open-label study with 84 weeks of treatment, 18% (23/128) of patients developed anti-eptinezumab-jjmr antibodies, and 39% (9/23) of those patients developed anti-eptinezumab-jjmr neutralizing antibodies.

Although the results from both studies showed no clear evidence of an impact from development of anti-eptinezumab-jjmr antibodies, including neutralizing antibodies, on the safety and efficacy profiles of VYEPTI, the available data are too limited to make definitive conclusions.

6.3 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of VYEPTI. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune System Disorders: Anaphylaxis *[see Contraindications (4) and Warnings and Precautions (5.1)]*

General Disorders and Administration Site Conditions: Fatigue

Vascular Disorders: Hypertension *[see Warnings and Precautions (5.2)]*, Raynaud's phenomenon *[see Warnings and Precautions (5.3)]*

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to VYEPTI during pregnancy. Healthcare providers are encouraged to register pregnant patients, or pregnant women may enroll themselves in the registry by calling 1-855-810-8549 or by contacting the company at www.vyeptipregnancyregistry.lundbeck.com.

Risk Summary

There are no adequate data on developmental risks associated with the use of VYEPTI in pregnant women.

No adverse developmental effects were observed following administration of eptinezumab-jjmr to pregnant animals at doses greater than those used clinically *[see Data]*.

In the U.S. general population, the estimated background risk of major birth defects and miscarriages in clinically recognized pregnancies is 2%-4% and 15%-20%, respectively. The estimated rate of major birth defects (2.2%-2.9%) and miscarriage (17%) among deliveries to women with migraine are similar to rates reported in women without migraine.

Clinical Considerations

Disease-Associated Maternal and/or Embryo/Fetal Risk

Published data have suggested that women with migraine may be at increased risk of preeclampsia and gestational hypertension during pregnancy.

Data

Animal Data

When eptinezumab-jjmr (0, 75, or 150 mg/kg) was administered weekly to female rats and rabbits by intravenous injection throughout organogenesis, no adverse effects on embryofetal development were observed. The higher dose tested (150 mg/kg) is 30 times the maximum recommended human dose (MRHD) of 300 mg, on a body weight basis (mg/kg).

When eptinezumab-jjmr (0, 75, or 150 mg/kg) was administered weekly to female rats throughout pregnancy and lactation, no adverse effects on pre- and postnatal development were observed. The higher dose tested (150 mg/kg) is 30 times the MRHD, on a mg/kg basis.

8.2 Lactation

Risk Summary

There are no data on the presence of eptinezumab-jjmr in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VYEPTI and any potential adverse effects on the breastfed infant from VYEPTI or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of VYEPTI did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

11 DESCRIPTION

Eptinezumab-jjmr is a humanized immunoglobulin G1 (IgG1) monoclonal antibody specific for calcitonin gene-related peptide (CGRP) ligand. Eptinezumab-jjmr has an approximate molecular weight of 143 kD. Eptinezumab-jjmr is produced in *Pichia pastoris* yeast cells by recombinant DNA technology.

VYEPTI (eptinezumab-jjmr) injection is a sterile, preservative-free, clear to slightly opalescent, colorless to brownish-yellow solution, for intravenous infusion. VYEPTI is supplied as a 100 mg/mL single-dose vial. Each mL contains 100 mg eptinezumab-jjmr formulated in L-histidine (1 mg), L-histidine hydrochloride monohydrate (2.8 mg), polysorbate 80 (0.15 mg), sorbitol (40.5 mg), and Water for Injection, USP, at a pH of 5.8.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Eptinezumab-jjmr is a humanized monoclonal antibody that binds to calcitonin gene-related peptide (CGRP) ligand and blocks its binding to the receptor.

12.2 Pharmacodynamics

The relationship between the pharmacodynamic activity and the mechanism(s) by which eptinezumab-jjmr exerts its clinical effects is unknown.

12.3 Pharmacokinetics

Eptinezumab-jjmr exhibits linear pharmacokinetics and exposure increases proportionally with doses from 100 mg to 300 mg after intravenous administration. Steady-state plasma concentration is attained after the first dose with a once every 3-month dosing schedule.

Distribution

The central volume of distribution (Vc) for eptinezumab-jjmr is approximately 3.7 liters.

Metabolism & Elimination

Eptinezumab-jjmr is expected to be degraded by proteolytic enzymes into small peptides and amino acids.

The apparent clearance of eptinezumab-jjmr was 0.006 L/h, and the terminal elimination half-life was approximately 27 days.

Specific Populations

A population pharmacokinetic analysis assessing the effects of age, race, sex, and body weight did not suggest any clinically significant impact of these covariates on eptinezumab exposures.

Patients with Renal or Hepatic Impairment

No dedicated studies were conducted to assess the effects of renal or hepatic impairment on the pharmacokinetics of eptinezumab-jjmr. However, hepatic or renal impairment is not expected to affect the pharmacokinetics of eptinezumab-jjmr. A population pharmacokinetic analysis of integrated data from eptinezumab-jjmr clinical studies did not reveal clinically significant impact on pharmacokinetics of patients with hepatic or renal impairment.

Drug Interaction Studies

P450 Enzymes

Eptinezumab-jjmr is not metabolized by cytochrome P450 enzymes; therefore, interactions with concomitant medications that are substrates, inducers, or inhibitors of cytochrome P450 enzymes are unlikely.

Sumatriptan

The co-administration of a single dose of 300 mg eptinezumab-jjmr administered as an intravenous infusion (over a period of 1 hour ± 15 min) with a single dose of 6 mg sumatriptan administered subcutaneously did not significantly influence the pharmacokinetics of eptinezumab-jjmr or sumatriptan.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

The carcinogenic potential of eptinezumab-jjmr has not been assessed.

Mutagenesis

Genetic toxicology studies of eptinezumab-jjmr have not been conducted.

Impairment of Fertility

When eptinezumab-jjmr (0, 75, or 150 mg/kg) was administered weekly by intravenous injection to male and female rats prior to and during mating and continuing in females to gestation day 3-4, no adverse effects on fertility were observed. The higher dose tested (150 mg/kg) is 30 times the maximum recommended human dose of 300 mg, on a body weight basis (mg/kg).

14 CLINICAL STUDIES

The efficacy of VYEPTI was evaluated as a preventive treatment of episodic and chronic migraine in two randomized, multicenter, placebo-controlled studies, both with 6-month double-blind periods: one study in patients with episodic migraine (Study 1) and one study in patients with chronic migraine (Study 2). VYEPTI was administered by intravenous infusion every 3 months in both studies; however, the primary endpoint was measured at 12 weeks.

Study 1: Episodic Migraine

Study 1 (NCT02559895) included adults with a history of episodic migraine (4 to 14 headache days per month, of which at least 4 were migraine days). A total of 665 patients were randomized to receive placebo (N=222), 100 mg VYEPTI (N=221), or 300 mg VYEPTI (N=222) every 3 months for 12 months. Patients were allowed to use concurrent acute migraine or headache medications, including migraine-specific medications (i.e., triptans, ergotamine derivatives), during the trial.

The study excluded patients with a history of cardiovascular disease (hypertension, ischemic heart disease), neurological disease, or cerebrovascular disease.

The primary efficacy endpoint was the change from baseline in mean monthly migraine days over Months 1-3. Secondary endpoints included the percentages of patients with 50% or greater, and 75% or greater reductions from baseline in monthly migraine days over Months 1-3.

Patients had a median age of 39 years (range: 18 to 71 years), 84% were female, and 84% were white. The mean migraine frequency at baseline was approximately 8.6 migraine days per month and was similar across treatment groups.

VYEPTI treatment demonstrated statistically significant improvements compared to placebo for the primary efficacy endpoint, as shown in Table 2; secondary endpoints are also summarized in Table 2.

Table 2. Efficacy Endpoint Results in Study 1

	VYEPTI 100 mg N=221	VYEPTI 300 mg N=222	Placebo N=222
Monthly Migraine Days (MMD) – Months 1-3			
Change from baseline	-3.9	-4.3	-3.2
Difference from placebo	-0.7	-1.1	
p-value	0.018	<0.001	
≥50% MMD responders – Months 1-3			
% Responders	49.8%	56.3%	37.4%
Difference from placebo	12.4%	18.9%	
p-value	0.009*	<0.001	
≥75% MMD responders – Months 1-3			
% Responders	22.2%	29.7%	16.2%
Difference from placebo	6.0%	13.5%	
p-value	NS**	<0.001	

*Nominal statistical significance
**NS = Not statistically significant

Figure 1 shows the mean change from baseline in average monthly migraine days in Study 1. Patients treated with VYEPTI at both doses had greater mean decreases from baseline in mean monthly migraine days over Months 1-3 compared to placebo-treated patients.

Figure 1. Change from Baseline in Monthly Migraine Days in Study 1

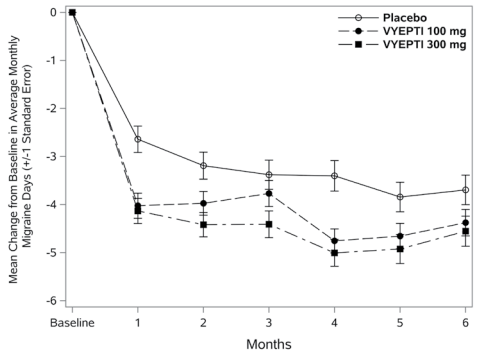


Figure 2 shows the distribution of change from baseline in mean monthly migraine days through Month 3 by treatment group in 2-day increments.

Figure 2. Distribution of Change from Baseline in Mean Monthly Migraine Days over Months 1 to 3 by Treatment Group in Study 1

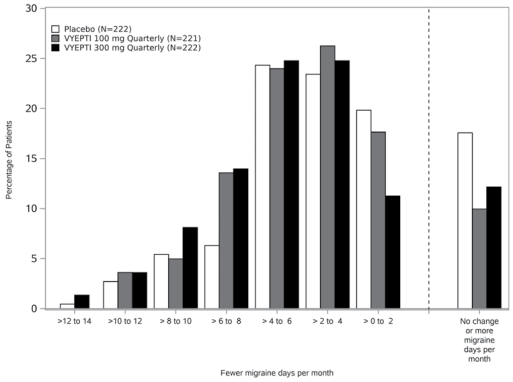
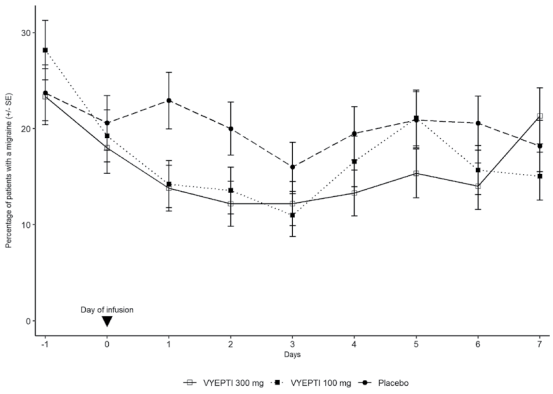


Figure 3 demonstrates that greater percentages of placebo-treated patients had migraines on most days during the first 7 days of treatment compared to VYEPTI-treated patients in Study 1.

Figure 3. Percentage of Patients with a Migraine from Day -1 (Day Prior to Infusion) to Day 7 in Study 1



Study 2: Chronic Migraine

Study 2 (NCT02974153) included adults with a history of chronic migraine (15 to 26 headache days per month, of which at least 8 were migraine days). A total of 1072 patients were randomized and received placebo (N=366), 100 mg VYEPTI (N=356), or 300 mg VYEPTI (N=350) every 3 months for 6 months. Patients were allowed to use and to continue an established stable regimen of acute migraine or headache preventive medication (except onabotulinumtoxinA). Patients with a dual diagnosis of chronic migraine and medication overuse headache attributable to acute medication overuse (triptans, ergotamine, or combination analgesics greater than 10 days per month) were included in the study population. Patients using opioids or butalbital-containing products greater than 4 days per month were not allowed.

The study excluded patients with a history of cardiovascular disease (hypertension, ischemic heart disease), neurological disease, or cerebrovascular disease.

The primary efficacy endpoint was the change from baseline in mean monthly migraine days over Months 1-3. Secondary endpoints included the percentages of patients with 50% or greater and 75% or greater reductions from baseline in monthly migraine days over Months 1-3.

Patients had a median age of 41 years (range: 18 to 65 years), 88% were female, and 91% were white. Forty-one percent of patients were taking concomitant preventive medication for migraine. The mean migraine frequency at baseline was approximately 16.1 migraine days per month and was similar across treatment groups.

VYEPTI treatment demonstrated statistically significant improvements compared to placebo for the primary efficacy endpoint, as shown in Table 3; secondary endpoints are also summarized in Table 3.

Table 3. Efficacy Endpoint Results in Study 2

	VYEPTI 100 mg N=356	VYEPTI 300 mg N=350	Placebo N=366
Monthly Migraine Days (MMD) – Months 1-3			
Change from baseline	-7.7	-8.2	-5.6
Difference from placebo	-2.0	-2.6	
p-value	<0.001	<0.001	
≥50% MMD responders – Months 1-3			
% Responders	57.6%	61.4%	39.3%
Difference from placebo	18.2%	22.1%	
p-value	<0.001	<0.001	
≥75% MMD responders – Months 1-3			
% Responders	26.7%	33.1%	15.0%
Difference from placebo	11.7%	18.1%	
p-value	<0.001	<0.001	

Figure 4 shows the mean change from baseline in average monthly migraine days for Study 2. Patients treated with VYEPTI at both doses had greater mean decreases from baseline in mean monthly migraine days over Month 1-3 compared to placebo-treated patients.

Figure 4. Change from Baseline in Monthly Migraine Days in Study 2

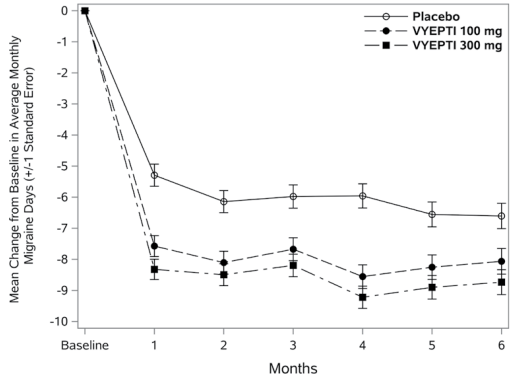


Figure 5 shows the distribution of change from baseline in mean monthly migraine days through Month 3 by treatment group in 3-day increments.

Figure 5. Distribution of Change from Baseline in Mean Monthly Migraine Days over Months 1-3 by Treatment Group in Study 2

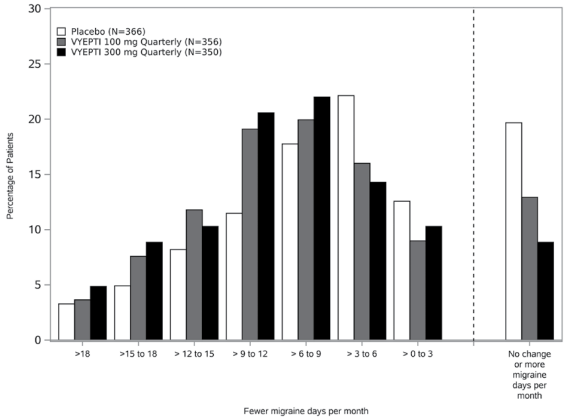
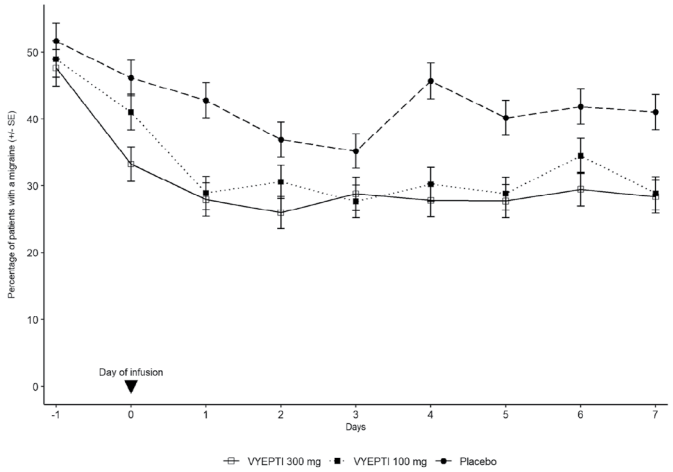


Figure 6 demonstrates that greater percentages of placebo-treated patients had migraines on individual days during the first 7 days of treatment compared to VYEPTI-treated patients in Study 2.

Figure 6. Percentage of Patients with a Migraine from Day -1 (Day Prior to Infusion) to Day 7 in Study 2



16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

VYEPTI (eptinezumab-jjmr) injection is a clear to slightly opalescent, colorless to brownish-yellow solution supplied as:

Carton containing one 100 mg/mL single-dose vial - NDC 67386-130-51.

16.2 Storage and Handling

Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light until time of use. Do not freeze or shake.

The vial stopper is not made with natural rubber latex.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity Reactions

Inform patients about the signs and symptoms of hypersensitivity reactions and that these reactions can occur with VYEPTI. Advise patients to contact their healthcare provider immediately if signs or symptoms of hypersensitivity reactions occur *[see Warnings and Precautions (5.1)]*.

Hypertension

Inform patients that hypertension can develop or pre-existing hypertension can worsen with VYEPTI, and that they should contact their healthcare provider if they experience elevation in their blood pressure *[see Warnings and Precautions (5.2)]*.

Raynaud's Phenomenon

Inform patients that Raynaud's phenomenon can develop or worsen with VYEPTI. Advise patients to discontinue VYEPTI treatment and contact their healthcare provider if they experience signs or symptoms of Raynaud's phenomenon *[see Warnings and Precautions (5.3)]*.

Pregnancy Exposure Registry

Advise patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to VYEPTI during pregnancy *[see Use in Specific Populations (8.1)]*.

Lactation

Inform patients to notify their healthcare provider if they are breastfeeding or plan to breastfeed *[see Use in Specific Populations (8.2)]*.

Manufactured by:
Lundbeck Seattle BioPharmaceuticals, Inc.
11804 North Creek Parkway South
Bothell, WA 98011 USA
U.S. License No. 2097

PATIENT INFORMATION

VYEPTI® (vye ep' tee)
(eptinezumab-jjmr)
injection, for intravenous use

What is VYEPTI?

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults.

It is not known if VYEPTI is safe and effective in children.

Do not receive VYEPTI if you are allergic to eptinezumab-jjmr or any of the ingredients in VYEPTI. See the end of this Patient Information leaflet for a complete list of ingredients in VYEPTI.

Before you receive VYEPTI, tell your healthcare provider about all of your medical conditions, including if you:

- have high blood pressure.
- have circulation problems in your fingers and toes.
- are pregnant or plan to become pregnant. It is not known if VYEPTI will harm your unborn baby.
  - Pregnancy Registry: There is a pregnancy registry for women who take VYEPTI. The purpose of this registry is to collect information about the health of you and your baby. You may enroll yourself by calling 1-855-810-8549 or by visiting www.vyeptipregnancyregistry.lundbeck.com. Or you may talk to your healthcare provider about how you can take part in this registry.
- are breastfeeding or plan to breastfeed. It is not known if VYEPTI passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby while using VYEPTI.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive VYEPTI?

- VYEPTI will be given by a healthcare provider in a healthcare setting.
- VYEPTI is given by intravenous (IV) infusion in your vein.
- VYEPTI will be given over 30 minutes every 3 months.

If you have questions about your infusion schedule, ask your healthcare provider.

What are the possible side effects of VYEPTI?

VYEPTI may cause serious side effects, including:

- **Allergic reactions.** Allergic reactions can happen after receiving VYEPTI. Call your healthcare provider or get emergency medical help right away if you have any of the following symptoms of an allergic reaction:
  - rash
  - swelling of your face, lips, tongue or throat
  - trouble breathing
  - hives
  - redness in your face
- **High blood pressure.** High blood pressure or worsening of high blood pressure can happen after receiving VYEPTI. Contact your healthcare provider if you have an increase in blood pressure.
- **Raynaud's phenomenon.** A type of circulation problem can worsen or happen after receiving VYEPTI. Raynaud's phenomenon can lead to your fingers or toes feeling numb, cool, or painful, or changing color from pale, to blue, to red. Contact your healthcare provider if these symptoms occur.

The most common side effects of VYEPTI include:

- stuffy nose and scratchy throat
- allergic reactions

These are not all of the possible side effects of VYEPTI.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of VYEPTI.

Medicines are sometimes prescribed for purposes other than those listed in the Patient Information leaflet.

You can ask your pharmacist or healthcare provider for information about VYEPTI that is written for health professionals.

What are the ingredients in VYEPTI?

Active ingredient: eptinezumab-jjmr
Inactive ingredients: L-histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sorbitol, and Water for Injection.

The vial stopper is not made with natural rubber latex.

Manufactured by: Lundbeck Seattle BioPharmaceuticals, Inc., 11804 North Creek Parkway South, Bothell, WA 98011
US License Number: 2097

For more information, call 1-833-4-VYEPTI (833-489-3784) or go to www.Vyepti.com.

This Patient Information has been approved by the U.S. Food and Drug Administration.
Revised: 3/2025