prior authorization (PA) checklist

for VYEPTI® (eptinezumab-jjmr)

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

This checklist is for informational purposes only and can help organize information that may be required. It provides an overview of information which may be required for the patient's insurance. It 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.

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: Date of birth:

Insurance plan:

Specialist, or specialist consulted: Provider ID number:

○ Initial Authorization Request ○ Reauthorization Request (Complete the following items)

- Reauthorization criteria:
- Has the patient experienced a reduction in migraine: frequency, duration, and migraine free days due to therapy?

Some plans may require documents to support the PA, including a copy of your patient's chart notes.

Step 3 Diagnosis/Treatment Information

Diagnosis/ICD-10-CM: Average number of migraine days per month over the past 3 months:

Dose: ○ 100 mg ○ 300 mg ○ Other

Symptoms

Headache days (per month):		
Headache lasting (hrs):		
Nausea/Vomiting	○ Yes	○ No
Photophobia/Phonophobia	○ Yes	○ No
Unilateral headache	○ Yes	○ No
Pulsating/Throbbing	○ Yes	○ No
Moderate/Severe pain	○ Yes	○ No
Aggravated by walking stairs/Physical exercise	○ Yes	○ No
Other:		

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IV=intravenous.

- Note previous medication(s) tried and failed/discontinued (list the reason(s) for failure/discontinuation, including patient/drug combination failure):

Other Reason(s) for Failure/Discontinuation:

- Note all previous acute migraine medications taken by the patient within the last 3 months and any inadequate responses.
- Note all previous preventive medications taken by the patient, inadequate responses, and the duration of the trial period.
  - Plans may have a minimal trial period of preferred products in their coverage policies.

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

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. (continued)

Please see additional Important Safety Information throughout. For more information, please see the Full **Prescribing Information** and **Patient Information** or go to **vyeptihcp.com**.

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Below are examples of the various preventive and acute drug classes. Please note that this is not a comprehensive list.

Preventive Examples

anti-CGRPs*	Angiotensin-Converting Enzyme Inhibitors/ Angiotensin II Receptor Blockers	Antidepressants	Antiepileptics/ Anticonvulsants	Beta-blockers	Calcium Channel Blockers
Aimovig® (erenumab-aooe)	Candesartan	Amitriptyline	Atenolol	Atenolol	Diltiazem
Ajovy® (fremanezumab-vfrm)	Enalapril	Citalopram	Metoprolol	Metoprolol	Nifedipine
Emgality® (galcanezumab-gnlm)	Irbesartan	Doxepin	Nadolol	Nadolol	Nimodipine
Nurtec ODT® (rimegepant)	Lisinopril	Fluoxetine	Propranolol	Propranolol	Verapamil
Qulipta® (atogepant)	Losartan	Fluvoxamine	Timolol	Timolol	
VYEPTI® (eptinezumab-jjmr)	Olmesartan	Mirtazapine			
	Ramipril	Nortriptyline			
	Valsartan	Paroxetine			
		Protriptyline			
		Sertraline			
		Venlafaxine			

Acute/Abortive Examples

NSAIDs/Analgesics	Ergot Alkaloid	Derivative Triptans	Combination/Other	anti-CGRPs*
Acetaminophen	Ergotamine	Almotriptan	Acetaminophen/aspirin/ caffeine	Nurtec ODT® (rimegepant)
Aspirin	Dihydroergotamine	Eletriptan	Butalbital/acetaminophen/ caffeine	Ubrelvy® (ubrogepant)
Diclofenac		Frovatriptan	Butalbital/aspirin/caffeine	
Ibuprofen		Naratriptan	Butorphanol	
Naproxen		Rizatriptan	Ergotamine/caffeine	
		Sumatriptan	Sumatriptan/naproxen	
		Zolmitriptan		

CGRP=calcitonin gene-related peptide; NSAIDs=non-steroidal anti-inflammatory drugs.

*Brand names utilized as there is a lack of generic and biosimilar availability for these products.

For more information about VYEPTI CONNECT or to be connected with a Field Access Specialist, visit vyepticonnect.com, call 833-4-VYEPTI (833-489-3784), Option 1, or talk with a sales representative.

IMPORTANT SAFETY INFORMATION (continued)

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. (continued)

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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.

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

Reference: 1. VYEPTI [package insert]. Deerfield, IL. Lundbeck.

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