Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Vyepti under the patient's prescription drug benefit.

Description:

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

Applicable Drug List:

Non-Preferred Agent:
VYEPTI

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the *preventive treatment* of migraine in an adult patient

  AND
  - The requested drug will not be used concurrently with another CGRP receptor antagonist

  AND
  - The patient is unable to take Emgality 120mg, the preferred formulary alternative for the given diagnosis, due to a trial and inadequate treatment response or intolerance, or a contraindication.

    OR
  - The patient received at least 3 months of treatment with the requested drug and had a reduction in migraine days per month from baseline

  AND
  - The requested drug will not be used concurrently with another CGRP receptor antagonist

Approval Duration and Quantity Restrictions:

Approval:
Initial duration: 3 months / Renewal duration: 12 months

Quantity Level Limit:

Vyepti 100mg	3mL (3 single dose vials x 1mL each) / 90 days

References:

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