

Field Name	Field Description
Prior Authorization Group Description	Calcitonin Gene-Related Peptide (CGRP) Antagonists for Headache Prevention
Drugs	Vyepti (eptinezumab) and any newly marketed drug in the class
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Request for indication of chronic cluster headaches
Required Medical Information	See “other criteria”
Age Restrictions	According to package insert
Prescriber Restrictions	Prescribed by or in consultation with a neurologist, migraine specialist, pain specialist, or other specialist in the treatment of headaches
Coverage Duration	If the criteria are met, the initial authorization request will be approved for 6 months. Reauthorization may be approved for 6 months.
Other Criteria	<p><u>Criteria for Initial Authorization:</u></p> <p>Migraine Headache Prophylaxis:</p> <ul style="list-style-type: none"> • Diagnosis of episodic migraine or chronic migraine • Provider should note on the prior authorization request the number of headache days per month • Requested dose is within FDA approved dosing guidelines <p>AND</p> <ul style="list-style-type: none"> • Trial and failure (or a medical justification for not using e.g. hypersensitivity, baseline bradycardia or hypotension, adverse events experienced from previous trial, etc.) with at least one of the following: <ul style="list-style-type: none"> ○ Beta-adrenergic blockers ○ Topiramate or divalproex ER or DR ○ Amitriptyline or venlafaxine ○ Frovatriptan, zolmitriptan or naratriptan (for menstrual migraine prophylaxis) <p><u>Criteria for Re-Authorization:</u></p> <p>Migraine:</p> <ul style="list-style-type: none"> • Reduction of $\geq 50\%$ in the number of headache days per month relative to pre-treatment baseline (clinical benefit) • Provider should note on the prior authorization request the number of headache days per month

Revision/Review Date: 4/2025	Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.
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