

# Clinical Oversight Review Board (CORB-FAST) Criteria for Prescribing Eptinezumab (Vyepti)

Non-Formulary **eptinezumab (Vyepti)** requires a clinical review. Appropriateness of therapy will be determined based on the following criteria:

**Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **eptinezumab (Vyepti)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurology provider
- Patient is at least 18 years old
- Prescribed for migraine prophylaxis
- Patient has failed a trial of, or has an allergy or intolerance to fremanezumab (Ajovy), **AND** galcanezumab (Emgality), **AND** erenumab (Aimovig) **AND**
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or valproate, or topiramate

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **eptinezumab (Vyepti)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is at least 18 years old
- Prescribed for migraine prophylaxis
- Patient has failed a trial of, or has an allergy or intolerance to fremanezumab (Ajovy), **AND** galcanezumab (Emgality), **AND** erenumab (Aimovig) **AND**
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to 3 additional preventative agents for migraine, 2 of which must include: tricyclic antidepressant (amitriptyline or nortriptyline), or beta-blocker (metoprolol or propranolol), or valproate, or topiramate

**Continued use criteria for patients previously approved who are currently stable on the medication:** Non-formulary **eptinezumab (Vyepti)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurology provider

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