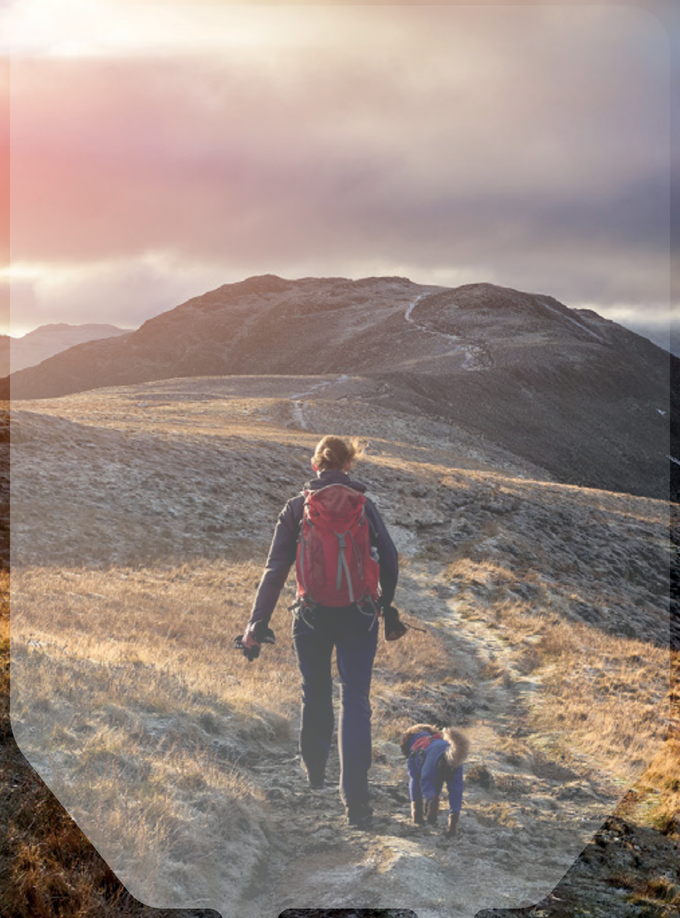
FOR UK HEALTHCARE PROFESSIONALS ONLY.

Discover the benefits of an IV anti-CGRP infusion



Prescribing information and adverse event reporting can be found here.

VYEPTI (eptinezumab) is a migraine preventive treatment and anti-CGRP monoclonal antibody that reduces the frequency of monthly migraine days versus placebo in chronic and episodic migraine.[1–3]

VYEPTI (eptinezumab) is indicated for the prophylaxis of migraine in adults who have at least 4 migraine days per month.[1]

CGRP, calcitonin gene-related peptide; **IV,** intravenous.

vyepti (eptinezumab) 100 mg/mL

VYEPTI STARTS WORKING FROM DAY 1 AFTER INFUSION

Percentage of patients reporting migraine on Day 1 after infusion (secondary endpoint) was lower vs placebo in chronic and episodic migraine.[2,3]

Post hoc analysis of the PROMISE 1 and 2 studies (episodic/chronic respectively) showed that efficacy is sustained from Day 1 after infusion.[4,5]

COMPLETE DOSE DELIVERED

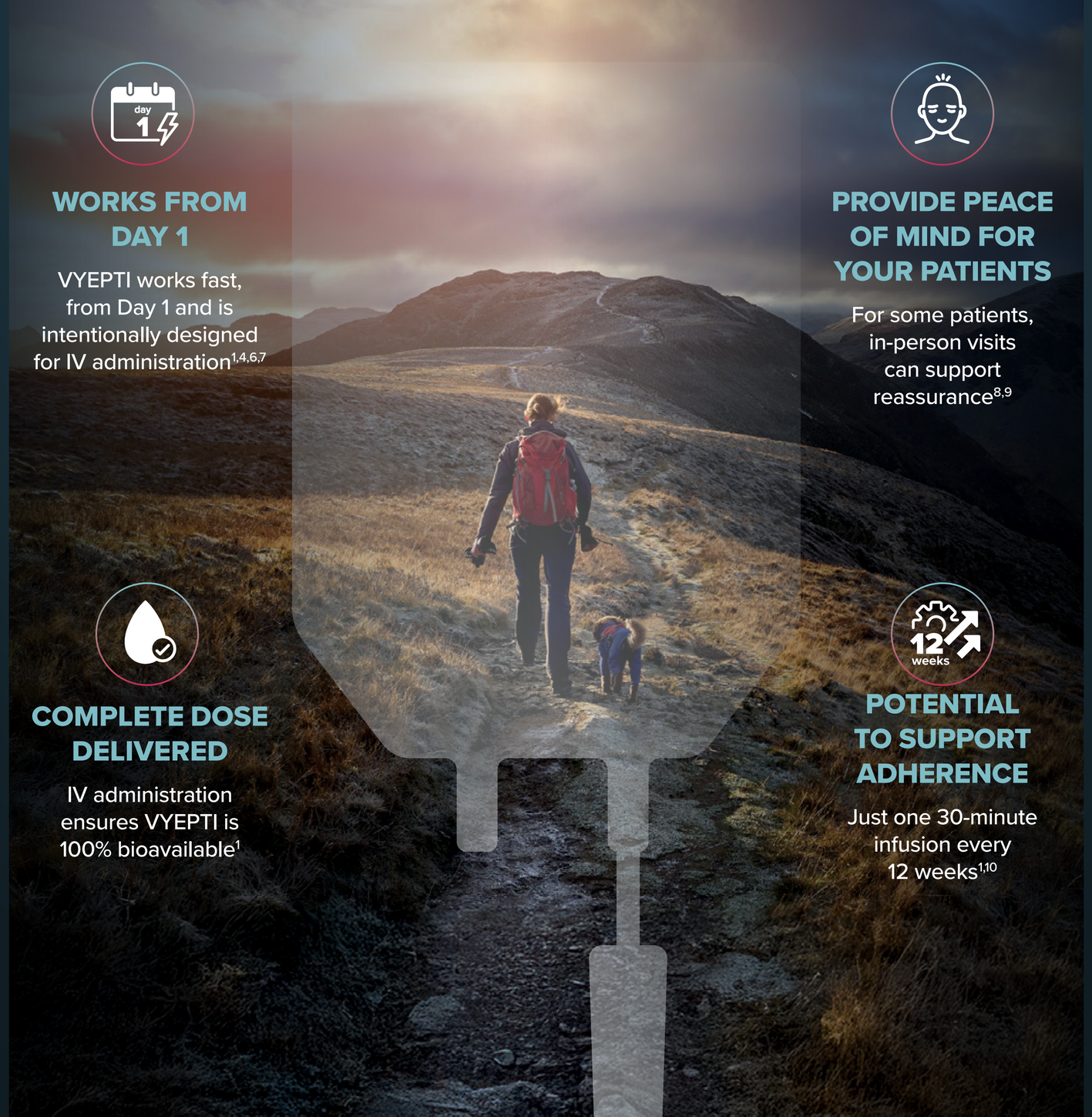
Be confident your patient is receiving full systemic delivery of their prescribed dose. VYEPTI's IV administration ensures 100% bioavailability of the active ingredient.[1]

WORKS FROM DAY 1

VYEPTI works fast, from Day 1 and is intentionally designed for IV administration[1,4,6,7]

COMPLETE DOSE DELIVERED

IV administration ensures VYEPTI is 100% bioavailable[1]



PROVIDE PEACE OF MIND FOR YOUR PATIENTS

For some patients, in-person visits can support reassurance[8,9]

POTENTIAL TO SUPPORT ADHERENCE

Just one 30-minute infusion every 12 weeks[1,10]

PROVIDE PEACE OF MIND FOR YOUR PATIENTS

Some patients value in-person care. Scheduled visits create space for conversation, reassurance, and connection.[8,9]

In addition, in-clinic care enables you to keep a comprehensive overview of your patient's progress.

POTENTIAL TO SUPPORT ADHERENCE

VYEPTI may help patients manage adherence with just one infusion every 12 weeks, scheduled months in advance by the clinic.[1,10]

Lundbeck

vyepti (eptinezumab) 100 mg/mL

VYEPTI IS GENERALLY WELL TOLERATED[1,11]

Over 5,900 patients have been treated with VYEPTI in clinical studies. Of these, approximately 3,000 patients have been exposed for at least 6 months and 1,600 exposed for at least 1 year.[1]

The most common side effects are hypersensitivity reactions, infusion-related reaction and fatigue. Most hypersensitivity reactions occurred during infusion, were not serious (reported in ~4% of VYEPTI patients and 2% of placebo patients in clinical studies), and typically resolved within 1 day.[1,11] Infusion-related reactions occurred infrequently and in similar proportions of VYEPTI and placebo patients (<1%). Fatigue was most frequent on the day of the first infusion, and reported in ~3% of VYEPTI patients and 2% of placebo patients.[1]

Patients with a history of cardiovascular disease, a history of neurological diseases, and patients with psychiatric conditions that were uncontrolled and/or untreated were excluded from clinical studies. Limited safety data are available in these patient populations and in patients with cardiovascular risk factors.[1]

Click here for prescribing information

Click here to visit our website or contact one of our representatives

Adverse events should be reported.
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Lundbeck Limited, Medical Information,
on: 01908 638972 or Email: SafetyLuUnitedKingdom@lundbeck.com

References: 1. Lundbeck. VYEPTI. Summary of Product Characteristics. **2.** Lipton RB, *et al. Neurology.* 2020;94(13):e1365–77. **3.** Ashina M, *et al. Cephalalgia.* 2020;40(3):241–54. **4.** Dodick DW, *et al. Headache.* 2020;60(10):2220–31. **5.** Cady R, *et al.* Poster P13.009. American Academy of Neurology. 2023. Boston, MA & virtual. **6.** David L, *et al. Bioenineered.* 2021;12(2):11076-11086. **7.** Garcia-Martinez LF, *et al. J Pharmacol Exp Ther.* 2020;374(1):93-103. **8.** Schwedt TJ, *et al. Headache.* 2023;63(4):484–493. **9.** Bougie JK, *et al. Headache.* 2025;65(1):113–123. **10.** Cowan R, *et al. J Headache Pain.* 2019;20(1):50. **11.** Smith TR, *et al. J Headache Pain.* 2021;22(1):16.

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