

Utilization Management and Clinical Medical Policy

Policy Name: Eptinezumab-jjmr (Vyepti®)	Policy Number: MP-RX-FP-103-23	Scope: <input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM MultiHealth	Origination Date: 11/30/2023	Effective Date: 03/24/2026
			Last Review Date: 03/24/2026	Frequently Revision: Annual

Service Category

- | | |
|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Medicine Services and Procedures |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Evaluation and Management Services |
| <input type="checkbox"/> Radiology Procedures | <input type="checkbox"/> DME/Prosthetics or Supplies |
| <input type="checkbox"/> Pathology and Laboratory Procedures | <input checked="" type="checkbox"/> Part B DRUG |

Service Description

This document addresses the use of [eptinezumab-jjmr \(Vyepti®\)](#), a calcitonin gene-related peptide (CGRP) inhibitor, a drug approved by the Food and Drug Administration (FDA) for the treatment of migraine prophylaxis.

Background Information

This document addresses the use of Vyepti® (eptinezumab), a calcitonin gene-related peptide (CGRP) inhibitor agent for migraine prophylaxis. The CGRP system is involved with vascular homeostasis. During a migraine, CGRP levels increase resulting in vasodilation, pro-inflammatory effects and pain signaling. Vyepti is FDA approved for the prophylaxis of migraine headaches.

Please refer to the following clinical criteria for additional information:

- Self-Injected Calcitonin Gene-Related Peptide (CGRP) Agents
- Calcitonin Gene-Related Peptide (CGRP) Step Therapy

Preventative treatment of migraine intends to reduce migraine attack frequency, intensity, duration, and disability. According to the American Headache Society (AHS), individuals using acute treatments on a regular basis should limit use to an average of two headache days per week, and individuals who exceed this limit should be offered a preventative treatment (AHS 2021). The American College of Physicians (ACP) guideline on episodic migraine prevention suggests CGRP targeting agents in patients who do not tolerate or inadequately respond to a trial of a beta-blocker, valproate, venlafaxine, or amitriptyline (conditional recommendation; low-certainty evidence) (ACP 2025). The most recent position statement from AHS considers CGRP-targeting therapies as a first-line approach for migraine prevention along with other generic first-line treatments, such as select antidepressants, antihypertensives, and antiepileptic agents.

Vyepti is an infused agent that requires administration via healthcare professional every 3 months. The dose recommendation per label for Vyepti is 100 mg every 3 months. However, the label indicates that some patients may benefit from a dosage of 300 mg.

Approved Indications

- A. For the preventive treatment of migraine in adults.

Other uses

- A. N/A

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Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J3032	Injection, eptinezumab-jjmr, 1 mg (Effective 10/1/2020)

ICD-10	Description
G43.001-G43.E19	Migraine

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Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member’s medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

eptinezumab-jjmr (Vyepti®)

A. Criteria For Initial Approval

- I. Individual has a diagnosis of one of the following:
 - A. Episodic migraine defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3-month period;
 - OR**
 - B. Chronic migraine defined as a headache occurring on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of a migraine headache (ICHD-3); **AND**
- II. Individual is using Vyepti for migraine prophylaxis; **AND**
- III. Individual has had a trial of and inadequate response to a 2-month trial at target or usual effective dose or intolerance to two agents for migraine prophylaxis (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence, AHS 2021):
 - A. The following antidepressants: amitriptyline, venlafaxine, nortriptyline, duloxetine;
 - OR**
 - B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol;
 - OR**
 - C. The following calcium channel blocker: verapamil;
 - OR**
 - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin;
 - OR**
 - E. Botox (for chronic migraine); **AND**
- IV. If individual is also currently using botulinum toxin for prophylaxis and is going to be using Vyepti and botulinum toxin together (i.e., not switching from one agent to another), the following must apply:

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- A. Individual has had a reduction in the overall number of migraine days or reduction in number of severe migraine days per month with the initial agent; **AND**
- B. Individual continues to experience a significant number of migraine headache days or severe migraine days per month requiring additional therapy for migraine prevention

B. Criteria For Continuation of Therapy

- I. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
- II. Individual has obtained clinical benefit deemed significant by individual or prescriber including any of the following (AHS 2021):
 - A. 50% reduction in frequency of days with headache or migraine;
OR
 - B. Significant decrease in attack duration;
OR
 - C. Significant decrease in attack severity;
OR
 - D. Improved response to acute treatment;
OR
 - E. Reduction in migraine-related disability and improvements in functioning in important areas of life;
OR
 - F. Improvements in health-related quality of life and reduction in psychological stress due to migraine; **AND**
- III. If individual is using concurrently with botulinum toxin, the following must apply:
 - A. Individual has had further reduction in the overall number of migraine days or reduction in number of severe migraine days per month compared to monotherapy with the initial agent (either botulinum toxin or Vyepti).

C. Authorization Duration

- i. Initial Approval Duration: 6 months (two injection cycles)
- ii. Reauthorization Approval Duration: 1 year

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- I. Vyepti (eptinezumab) may not be approved for the following:

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- A. Individual is using in combination with another prophylactic CGRP agent (Ajovy, Aimovig, Emgality, Qulipta or prophylactic use of Nurtec ODT).

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Limits or Restrictions

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug	Limit
Vyepti® (eptinezumab) 100 mg/mL vial	1 vial (100 mg) per 3 months
Exceptions	
<ul style="list-style-type: none"> Individuals who do not respond to 100 mg dose may be approved for 3 vials (300 mg) every 3 months. 	

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Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Annual Review	Updated Background Information. Coding Reviewed: Added ICD-10-CM G43.E01-G43.E19 to code range G43.001-G43.919 and updated description. Added quantity limits. Updated references. Wording and formatting changes.	3/17/2026	03/24/2026
Annual Review	Annual review, minimal changes; Word formatting.	6/9/2025	6/19/2025
Policy Inception	Elevance Health’s Medical Policy adoption.	N/A	11/30/2023
Choose an item.			