

Eptinezumab-jjmr (Vyepiti®)

Place of Service

Office Administration

Infusion Center Administration

Home Infusion Administration

Outpatient Facility Infusion Administration*

[*Prior authorization required – see section (1)]

HCPICS: J3032 per 1 mg

Condition(s) listed in policy (*see criteria for details*)

- [Prevention of migraine headache](#)

AHFS therapeutic class: Antimigraine agents, Miscellaneous

Mechanism of action: Calcitonin gene-related peptide receptor antagonist

(1) Special Instructions and Pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for eptinezumab-jjmr (Vyepiti®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Prevention of migraine headache

1. Patient is at least 18 years old, **AND**
2. Being used as prophylaxis of headaches in patients with episodic or chronic migraines, **AND**
3. Patient experiences at least 4 migraine headache days per month, **AND**
4. Either of the following:
 - a. Patient has had an inadequate response or intolerance to at least one preventive therapy from any of the following drug classes: beta blockers, antidepressants, anticonvulsants, or
 - b. Patient has contraindication to all AAN Level A or B guideline-endorsed preventive agents

Covered Doses

Up to 300 mg IV every 3 months

Coverage period

Indefinite

ICD-10:

G43.001-G43.819

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for eptinezumab-jjmr (Vyepiti®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

PHP Medi-Cal

eptinezumab-jjmr (Vyepiti®)

(5) Additional Information

How supplied:

- 100 mg/mL single-dose vial

AAN 2012 Level A and B Recommended Preventive Anti-Migraine Agents by Drug Class:

Antiepileptic Drugs	Beta Blockers	Antidepressants	Other
Level A	Level A	Level A	Level A
<ul style="list-style-type: none">• divalproex sodium• sodium valproate• topiramate	<ul style="list-style-type: none">• metoprolol• propranolol• timolol	(None listed)	(None listed)
Level B	Level B	Level B	Level B
(None listed)	<ul style="list-style-type: none">• atenolol• nadolol	<ul style="list-style-type: none">• amitriptyline• venlafaxine	<ul style="list-style-type: none">• naratriptan[^]• zolmitriptan[^]

Level A = Established efficacy (≥ 2 Class I trials)

Level B = Probably effective (1 Class I or 2 Class II studies)

[^]= for short term prophylaxis of menstrual migraine only

Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. (reaffirmed 2015). Neurology. 2012 Apr 24;78(17):1337-45.

(6) References

- AHFS[®]. Available by subscription at <http://www.lexi.com>
- DrugDex[®]. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. (reaffirmed 2015). Neurology. 2012 Apr 24;78(17):1337-45 available online at: <http://n.neurology.org/content/neurology/78/17/1337.full.pdf>
- The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. AHS Consensus Statement. Headache. 2021; 61:1021-39.
- Vyepti[®] (eptinezumab-jjmr) [Prescribing Information]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.; 10/2022.

(7) Policy Update

Date of last review: 3Q2023

Date of next review: 3Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*