

Eptinezumab-jjmr (Vyepti®)

Place of Service

Office Administration

Infusion Center Administration

Home Infusion Administration

Outpatient Facility Infusion Administration\*

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

HCP/CS: 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.

Members with the following plans: **PPO, Direct Contract HMO, and when applicable, ASO, Shared Advantage, HMO (non-direct contract),** may be required to have their medication administered at a preferred site of service, including the home, a physician's office, or an independent infusion center not associated with a hospital.

For members that cannot receive infusions in the preferred home or ambulatory setting AND meet one of the following criteria points, drug administration may be performed at a hospital outpatient facility infusion center.

**CRITERIA FOR HOSPITAL OUTPATIENT FACILITY ADMINISTRATION**

*MCG™ Care Guidelines, 19th edition, 2015*

**ADMINISTRATION OF VYEPTI IN THE HOSPITAL OUTPATIENT FACILITY SITE OF CARE REQUIRES ONE OF THE FOLLOWING: (Supporting Documentation must be submitted)**

1. Patient is receiving their first infusion of Vyepti or is being re-initiated on Vyepti after at least 6 months off therapy. Subsequent doses will require medical necessity for continued use in the hospital outpatient facility site of care.

Or

Additional clinical monitoring is required during administration as evidenced by one of the following:

2. Patient has experienced a previous severe adverse event on Vyepti based on documentation submitted.
3. Patient continues to experience moderate to severe adverse events on Vyepti based on documentation submitted, despite receiving premedication such as acetaminophen, steroids, diphenhydramine, fluids, etc.
4. Patient is clinically unstable based on documentation submitted.
5. Patient is physically or cognitively unstable based on documentation submitted.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**  
**All requests for eptinezumab-jjmr (Vyepti®) 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. Inadequate response or intolerable side effect to two of the following: Aimovig, Emgality and Nurtec, or contraindication to all, **AND**
5. 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 (Vyepti®) 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.

**(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
<b>Level A</b>	<b>Level A</b>	<b>Level A</b>	<b>Level A</b>
<ul style="list-style-type: none"> <li>• divalproex sodium</li> <li>• sodium valproate</li> <li>• topiramate</li> </ul>	<ul style="list-style-type: none"> <li>• metoprolol</li> <li>• propranolol</li> <li>• timolol</li> </ul>	(None listed)	(None listed)
<b>Level B</b>	<b>Level B</b>	<b>Level B</b>	<b>Level B</b>
(None listed)	<ul style="list-style-type: none"> <li>• atenolol</li> <li>• nadolol</li> </ul>	<ul style="list-style-type: none"> <li>• amitriptyline</li> <li>• venlafaxine</li> </ul>	<ul style="list-style-type: none"> <li>• naratriptan^</li> <li>• zolmitriptan^</li> </ul>

Commercial

eptinezumab-jjmr (Vyepti®)

**Level A** = Established efficacy ( $\geq$  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*