

eptinezumab-jjmr (Vyepti)**Medical Benefit Drug Policy**Place of Service

Home Infusion Administration

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

Drug Details**USP Category:** ANTIMIGRAINE AGENTS**Mechanism of Action:** Calcitonin gene-related peptide receptor antagonist**HCPCS:**

J3032:Injection, eptinezumab-jjmr, 1 mg

How Supplied:

100 mg/mL solution in a single-dose vial

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

- Prevention of Migraine Headache

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria**The following condition(s) require Prior Authorization/Preservice.****Prevention of Migraine Headache****Meets medical necessity if all the following are met:****Initial**

1. Patient is at least 18 years old
2. Patient experiences at least 4 migraine headache days per month
3. ***Effective 2/1/2026 and after:*** Not being used in combination with another cGRP antagonist for preventive treatment of migraines

Reauthorization

1. **Effective 2/1/2026 and after:** Patient is responding to therapy (e.g., reduction in migraine days, reduction in severe migraines)
2. **Effective 2/1/2026 and after:** Not being used in combination with another CGRP antagonist for preventive treatment of migraines

Covered Doses:

Up to 300 mg given intravenously every 3 months

Coverage Period:

Yearly

ICD-10:

G43.001-G43.819

Additional Information

AAN 2012 Level A and B Recommended Preventive Anti-Migraine Agents by Drug Class⁴

Antiepileptic Drugs	Beta Blockers	Antidepressants	Triptans
Level A	Level A	Level A	Level A
• divalproex sodium	• metoprolol	(None listed)	Frovatriptan [^]
• sodium valproate	• propranolol		
• topiramate	• timolol		
Level B	Level B	Level B	Level B
(None listed)	• atenolol	• amitriptyline	• naratriptan [^]
	• nadolol	• venlafaxine	• 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

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. Ailani J, Burch RC, Robbins MS. The American Headache Society consensus statement: update on integrating new migraine treatments into clinical practice. Headache. 2021; 61: 1021-1039.
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

4. 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 2022). *Neurology*. 2012 Apr 24;78(17):1337-45 available online at: <http://n.neurology.org/content/neurology/78/17/1337.full.pdf>
5. Vyepti (eptinezumab-jjmr) Prescribing Information. Lundbeck Seattle BioPharmaceuticals, Inc., Bothell, WA: 3/2025.

Review History

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- Prevention of migraine headaches:
 - ***Effective 2/1/2026 and after***, will add requirement to not be used in combination with other cGRP antagonists (Rationale: 2024 AHS guidelines)
 - ***Effective 2/1/2026 and after***, will add reauthorization criteria (Rationale: Ensure appropriate use)
 - Removed requirement for prerequisite therapies for prevention of migraines in adults (Rationale: Ensure appropriate use)

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*