



EVH Clinical Guideline 5045.CC for Vyepti (eptinezumab-jjmr)

Guideline Number: EVH_CG_5045.CC	<u>Applicable Codes</u>	
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Original Date: March 2022	Last Revised Date: January 2026	Implementation Date: March 2026

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STATEMENT

General Information

- *It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.*
- *If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.*

Purpose

The purpose of this guideline is to define the prior authorization process for the following drug: Vyepti (eptinezumab-jjmr).

Scope

This guideline applies to all practitioners who are involved in providing the requested drug. This guideline is specific to the Health Plan's medical benefit.

INITIAL REVIEW CRITERIA

The request must meet all the criteria listed below.

- Must be prescribed by, or in consultation with, a neurologist
- Must be 18 years of age or older
- Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling
- Must have a diagnosis of chronic migraine defined as:
 - ≥ 15 headache days per month for at least 3 months
 - ≥ 8 migraine days per month for at least 3 months
- Member has documented trial and failure (at least 3 months) or intolerance to at least 2 preferred CGRP antagonists:
 - Aimovig
 - Ajovy
 - Emgality
 - Qulipta
- Must not be used in combination with any other CGRP antagonist medications for prevention of chronic migraines

- *EXCEPTION:* Concurrent use with other CGRP antagonists being utilized for acute migraine attacks is acceptable

REAUTHORIZATION CRITERIA

- Must be prescribed at a dose within the manufacturer’s dosing guidelines (based on diagnosis, weight, etc.) listed in the FDA approved labeling
- Must have recent chart note documentation from the prescriber showing at least ONE of the following:
 - Improvement in migraine frequency and severity
 - Reduction in migraine days
 - Reduced use of medications to manage acute migraine attacks

APPROVAL DURATIONS

Initial Authorization	Up to 1 year
Reauthorization	Same as initial

CODING AND STANDARDS

Codes

Code	Brand	Description
J3032	Vyepti	Injection, eptinezumab-jjmr, 1mg

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Vyepti (eptinezumab-jjmr) is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventive treatment of migraine in adults.

Definitions

Chronic migraine is defined as 15 or more headache days per month.

Episodic migraine is defined as fewer than 15 headache days per month.

POLICY HISTORY

Date	Summary
January 2026	<ul style="list-style-type: none"> Removed prerequisite requirements such as anticonvulsants, antidepressants, beta blockers, Botox, and calcium channel blockers Added dosing criterion to reauthorization criteria
February 2023	<ul style="list-style-type: none"> Updated initial authorization duration to 1 year
March 2022	<ul style="list-style-type: none"> Initial review



LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

Evolent Clinical Guidelines are comprehensive and inclusive of various procedural applications for each service type. Our guidelines may be used to supplement Medicare criteria when such criteria is not fully established. When Medicare criteria is determined to not be fully established, we only reference the relevant portion of the corresponding Evolent Clinical Guideline that is applicable to the specific service or item requested in order to determine medical necessity.

REFERENCES

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8. Vyepti (eptinezumab-jjmr) [prescribing information]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals Inc; October 2025.