MetroPlus Health

Policy and Procedure

Title: UM-PT125 Vyepti (eptinezumab-jjmr)	**Division: Medical Management** **Department: Pharmacy**
Approval Date: 04/30/2025	**LOB: Medicaid, SNP, HARP, CHP, QHP, EP, Gold, Goldcare**
Effective Date: 04/30/2025	**Policy Number: UM- PT125**
Review Date: 12/16/2025	**Cross Reference Number:**
Retired Date:	**Page 1 of 6**

I. POLICY DESCRIPTION:

Biologic Therapy - Calcitonin Gene-Related Peptide – (Vyepti (eptinezumab-jjmr))

II. RESPONSIBLE PARTIES:

Medical Management Administration, Pharmacy Department, Utilization Management, Integrated Care Management, Claims Department

III. DEFINITIONS:

Vyepti (epitinezumab-jjmr) is a humanized monoclonal antibody indicated for the prevention of migraines. Vyepti targets the calcitonin gene-related peptide (CGRP) ligand and blocks it from binding to the receptor. CGRP is a neuropeptide, and at elevated levels can contribute to neurogenic inflammation and vasodilation-key factors in migraine pathogenesis. By Vyepti attaching to CGRP and preventing it from binding to its receptors it interrupts the migraine process before it starts. Reducing both the frequency of severity of the migraines. However, it does not provide acute migraine relief .

IV. POLICY:

Vyepti will be considered medically necessary once the following coverage criteria is met. Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Chart notes must be submitted to confirm diagnosis and previous treatment(s).

INITIAL REQUEST:

1. **Preventitive treatment of migraines**
   - **A.** Member is ≥ 18 years of age;
   - **AND**
   - **B.** Prescribed by or in consultation with a neurologist, or provider with experience treating migraine;
   - **AND**
   - **C.** Member has ONE of the following:
     - **a.** Episodic migraines as defined by:
       - **i.** 4 to 14 headache days per month, of which at least 4 were migraine days based upon ICDH-3 guideline;
       - **AND**
       - **ii.** Moderate disability (Migraine Disability Assessment (MIDAS) score ≥ 11 or Headache Impact Test (HIT-6) score > 50);
     - **OR**
     - **b.** Chronic migraine as defined by:
       - **i.** 15 to 26 headache days per month, of which at least 8 were migraine days based upon ICDH-3 guideline;

AND

D. Member has not responded to, or are intolerant to at least 3 standard prophylactic pharmacologic therapies, from at least 2 different pharmacologic classes for a 3 month trial:

- **a.** Antiepileptic drugs (e.g divalproex sodium, sodium valproate, topiramate);
- **OR**
- **b.** Beta Blockers (e.g, metoprolol, propranolol, timolol, atenolol, nadolol);
- **OR**
- **c.** Tricyclic antidepressants (e.g, amitriptyline, nortriptyline);
- **OR**
- **d.** Angiotensin II-receptor blockers (e.g, candesartan);
- **OR**
- **e.** Angiotensin-converting enzyme inhibitors (e.g, lisinopril)
- **OR**
- **f.** Serotonin-norepinephrine reuptake inhibitors (e.g, duloxetine, venlafaxine);
- **OR**
- **g.** OnabotulinumtoxinA for chronic migraines
- **OR**
- **h.** Triptans (e.g, frovatriptan, naratriptan, zolmitriptan);
- **OR**
- **i.** Calcium channel blockers (e.g., verapamil, nifedipine, nimodipine)
- **OR**
- **j.** Alpha-Agonists (e.g, clonidine, guanfacine)

AND

E. Medication will not be used in combination with another biologic CGRP antagonist used for the preventative treatment of migraines (e.g, Aimovig, Emgality, Nurtec ODT, Qulipta);

AND

F. Medication will not be used in combination with botulinum toxin (e.g, Botox)

AND

G. Member is not pregnant, breastfeeding, or planning on becoming pregnant while on Vyepti;

AND

H. New starts will be required to initiate treatment with 100 mg every 3 months;

AND

I. Authorization is for no more than 3 months

RENEWAL REQUEST:

1. **Preventitive Treatment of Migraines**
   - **A.** Initial conditions of coverage have been met;

AND

B. Member has ONE of the following:

a. Member has responded to therapy:

i. Member has a ≥ 50% reduction in migraine days per month compared to pretreatment baseline;

AND

ii. Authorization is for no more than 12 months;

OR

b. Member has no response or poor response:

i. Dose can be increased to Vyepti 300mg every 3 months

AND

ii. Authorization is for no more than 6 months;

V. LIMITATIONS/ EXCLUSIONS:

Vyepti (eptinezumab-jjmr) will be considered experimental and investigational if prescribed for indications that have not been approved by the FDA and will not be covered under this policy.

VI. APPLICABLE PROCEDURE CODES:

CPT	Description
J3032	Injection, eptinezumab-jjmr, 1 mg

VII. APPLICABLE DIAGNOSIS CODES:

CODE	Description
G43.001	Migraine without aura, not intractable, with status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.801	Other migraine, not intractable, with status migrainosus
G43.809	Other migraine, not intractable, without status migrainosus

G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus

VIII. REFERENCES:

1. IPD Analytics Vyepti New Drug Review
2. Lundbeck Seattle BioPharmaceuticals, Inc. VYEPTI (eptinezumab-jjmr) Injection, for Intravenous Infusion. Full Prescribing Information. Revised August 2024. Accessed March 19, 2025. https://www.vyepti.com
3. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Neurology. 2012;78(17):1337-1345. doi:10.1212/WNL.0b013e3182535d20
4. International Headache Society. The International Classification of Headache Disorders, 3rd edition (ICHD-3). Published 2018. Accessed March 19, 2025. https://ichd-3.org/.
5. Ha H, Gonzalez A. Migraine headache prophylaxis. Am Fam Physician. 2019;99(1):17-24. Accessed March 19, 2025. Available from: https://www.aafp.org/afp/2019/0101/p17.html.
6. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024;64(4):333-341. doi:10.1111/head.14692.
7. Diener HC, Holle-Lee D, Nägel S, et al. Treatment of migraine attacks and prevention of migraine: Guidelines by the German Migraine and Headache Society and the German Society of Neurology. Clin Transl Neurosci. 2019;3(1):1-40. doi:10.1177/2514183X18823377.
8. Alder BioPharmaceuticals, Inc. A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of ALD403 in Patients With Frequent Episodic Migraine. ClinicalTrials.gov. Published September 25, 2015. Updated May 18, 2017. Accessed March 19, 2025. https://clinicaltrials.gov/study/NCT02559895
9. Eli Lilly and Company. A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients With Episodic Migraine (EVOLVE-1). ClinicalTrials.gov. Published November 28, 2016. Updated January 15, 2020. Accessed March 19, 2025. https://clinicaltrials.gov/study/NCT02974153
10. Eli Lilly and Company. A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients With Episodic Migraine (EVOLVE-1). ClinicalTrials.gov. Published November 28, 2016. Updated January 15, 2020. Accessed March 19, 2025. https://clinicaltrials.gov/study/NCT02974153

Title: UM-PT125 Vyepti (eptinezumab-jjmr)	**Division: Medical Management** **Department: Pharmacy**
Approval Date: 04/30/2025	**LOB: Medicaid, SNP, HARP, CHP, QHP, EP, Gold, Goldcare**
Effective Date: 04/30/2025	**Policy Number: UM- PT125**
Review Date: 12/16/2025	**Cross Reference Number:**
Retired Date:	**Page 5 of 6**

REVISION LOG:

REVISIONS	INITIAL	DATE
Creation date	XZ	4/30/2025
Update	XZ	12/16/2025

Approved: **Date:**	**Approved:** **Date:**
Suzana Patel 2/18/2026	02.18.2026
Suzana Patel, PharmD **Senior Director of Pharmacy**	**Sanjiv Shah, MD** **Chief Medical Officer**

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.

MetroPlus HealthPlan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.