

eptinezumab-jjmr (Vyepti)

HCPCS: J3032 Injection, eptinezumab-jjmr, 1 mg (Vyepti)

LOB:	MCAL
Duration of Approval:	One year
Quantity Limit:	Per FDA-Approved/Compendia-Supported Dosing
MCG Available:	Yes
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Vyepti (eptinezumab-jjmr)

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication
AND
2. The medication was prescribed or recommended by a neurologist or pain management specialist
AND
3. The member has ONE of the following:
 - a. Episodic migraine: Defined as four to 14 headache days per month, with at least four of which are migraine days in the past three months
 - b. Chronic migraine: Defined as ≥ 15 headache days per month, with at least eight of which are migraine days for more than three months

AND

4. The member has a history of failure for two migraine preventative therapies (from different classes of medication), such as:
 - beta-blockers (atenolol, bisoprolol, metoprolol, timolol, propranolol or nadolol)
 - angiotensin-converting enzyme (ACE) inhibitor (lisinopril, enalapril)
 - angiotensin II receptor blocker (ARB) (candesartan)
 - calcium channel blocker (verapamil)
 - tricyclic antidepressants (amitriptyline, nortriptyline)
 - serotonin-norepinephrine reuptake inhibitors (SNRI) (venlafaxine or duloxetine)
 - selective-serotonin reuptake inhibitors (SSRI) (fluoxetine)
 - anticonvulsants (divalproex, levetiracetam, topiramate, valproate sodium)
 - calcitonin gene-related peptide (CGRP) receptor antagonist (Aimovig, Ajovy, Emgality, Nurtec, Qulipta, Vyepti)

[Note: Only propranolol, divalproex, topiramate, Aimovig, Ajovy, Emgality, Nurtec, Qulipta and Vyepti are FDA-indicated for migraine prevention. Only include FDA-indicated drugs in the denial rationale]

[Note: Aimovig, Qulipta and Vyepti are require PA under Medi-Cal Rx]

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication
AND
2. The medication was prescribed or recommended by a neurologist or pain management specialist
AND
3. Documentation provided showing positive response to therapy (such as reduction in headache frequency and/or severity)

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OTHER INFORMATION:

HCPCS	Description	Brand name
J3032	Injection, eptinezumab-jjmr, 1 mg	Vyepti

REFERENCES:

1. Vyepti Prescribing Information. www.lundbeck.com/content/dam/lundbeck-com/americas/united-states/products/neurology/vyepti_pi_us_en.pdf. 10/2025.

P&T APPROVAL HISTORY

1. May 2020 P&T Drug Review.

UMC Review: 5/2026