Eptinezumab-jjmr (Vyepti®)

Does Not Apply to BlueCare

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

POLICY

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Vyepti is indicated for the preventive treatment of migraine in adults.

DOCUMENTATION REQUIREMENTS

Submission of the following information is necessary to initiate the prior authorization review:
Initial Requests:

- Chart notes or medical record documentation of migraine headache days per month
- Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation Requests:

- Chart notes or medical record documentation demonstrating a positive clinical response to therapy (i.e., reduction in headache frequency and /or intensity) of chronic migraine headache days per month.

EXCLUSIONS

Eptinezumab-jjmr will not be used in combination with another prophylactic calcitonin gene-related peptide (CGRP) antagonist agent.

COVERAGE CRITERIA

Preventive Treatment of Migraines

Authorization of 6 months may be granted for preventive treatment of migraines for members 18 years of age or older when all of the following criteria are met:

- Member meets one of the following criteria:

  - Member has chronic migraine headache defined as 15 to 26 headache days per month, of which at least 8 are migraine days.
  - Member has episodic migraine headaches defined as 4 to 14 headache days per month, of which at least 4 are migraine days.
- Member meets one of the following:
  - Member has had an inadequate response or intolerance to (after a trial of at least 2 consecutive months) ≥ 2 oral preventative therapies.
  - Member has a contraindication to all oral preventative therapies.

CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Vyepti.
- Vyepti is being used to treat an indication listed in the coverage criteria section.
- The member has experienced a positive response to therapy as demonstrated by a reduction in headache frequency and / or intensity.

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

1. Vyepti [package insert]. Bothell, WA: Lundbeck Seattle BioPharmaceuticals, Inc.; June 2026. Accessed June 16, 2026.
2. Ailani J., Burch RC, Robbins MS. The American Headache Society Consensus Statement: Update on Integrating New Migraine Treatments into Clinical Practice. Headache. 2021 Jul;61(7):1021-1039
3. Lexi-Comp Online. (2026, June). AHFS DI. Eptinezumab-jjmr. Retrieved June 2026 from Lexi-Comp Online with AHFS.
4. MICROMEDEX Healthcare Series. Drugdex Evaluations. (2026, June). Eptinezumab-jjmr. Retrieved June 2026 from MICROMEDEX Healthcare Series.
5. ClinicalTrials.gov [Internet]. Bethesda, MD: National Library of Medicine. 2020 June 9 NCT02974153, Evaluation of ALD403 (Epitinezumab) in the Prevention of Chronic Migraine (PROMISE 2); Accessed June 17, 2026.

BlueCross BlueShield of Tennessee

Policy

Medical Policy Manual **Approved Rev: Do Not Implement until 10/31/26**

EFFECTIVE DATE 10/31/26

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