

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Vyepti is indicated for the preventive treatment of migraine in adults. It is a humanized monoclonal antibody (mAb) that binds to calcitonin gene-related peptide (CGRP) ligand and blocks its binding to the receptor. Currently, there are no compendia supported uses for this therapy outside the FDA-indication(s).						
Exclusion Criteria	Must not be used in combination with other CGRP antagonist therapy.						
Required Medical Information	For initial requests: <ol style="list-style-type: none"> 1. Medical records supporting the request must be provided; 2. Patient must be evaluated for and determined not to have medication overuse headache (MOH); 						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Six months initial coverage; two years reauthorization. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice. For reauthorization: Must provide evidence of clinical improvement including a reduction in monthly migraine days compared to baseline.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1125 1511 1270"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J3032</td> <td>Vyepti (eptinezumab-jjmr)</td> <td>Billing unit: 1 mg 100 mg/mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J3032	Vyepti (eptinezumab-jjmr)	Billing unit: 1 mg 100 mg/mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025