

GCHP Medi-Cal Clinical Guidelines Eptinezumab-jimr (Vyepti™)

PA Criteria	Criteria Details		
Covered Uses (FDA Approved Indication)	Preventative treatment of migraine.		
Exclusion Criteria	Taken in combination with any other calcitonin gene-related peptide (CGRP) pathway targeting medications such as fremanezumab (Ajovy™), galcanezumab (Emgality™), erenumab (Aimovig™), rimegepant (Nurtec ODT™) and ubrogepant (Ubroelvy™).		
Required Medical Information	<p>Must meet ALL of the following:</p> <ul style="list-style-type: none">One of the following diagnosis:<ul style="list-style-type: none">Episodic migraine defined as four to 14 headache days per month, at least four of which were migraine days during the previous three-month period.Chronic migraine defined as 15 to 26 headache days per month, at least eight of which were migraine days for over three months.Patient must have tried and failed or is intolerant to or has contraindication to at least one drug from two oral classes used for migraine prophylaxis, including antiepileptic medications, beta-blockers, calcium channel blockers or antidepressants. <p>Renewal requires positive clinical response to therapy as demonstrated by a reduction in headache frequency and/or severity.</p>		
Age Restriction	18 years of age and older		
Prescriber Restrictions	Prescribed or recommended by a neurologist.		
Coverage Duration	Initial: Six months; Renewal: 12 months		
Other Criteria / Information	Criteria adapted from DHCS April 2024		
	HCPCS	Description	Dosing, Units
	J3032	Injection, eptinezumab-jimr, 1mg (Vyepti™)	100mg every three months.



STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	5/1/2024	5/1/2024	Lily Yip, Director of Pharmacy Services; Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	5/15/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025
Approved	N/A	7/18/2024	Medical Advisory Committee (MAC)	3/1/2025