Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:
Medical Benefit Drugs
Vyepti® (eptinezumab-jjmr)

Effective: January 1, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988

☒ Tufts Health Plan Commercial products; Fax 617-673-0988

CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988

☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 617-673-0939

☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0939

☐ Tufts Health One Care* – A Medicare-Medicaid (a dual-eligible product); Fax 617-673-0956

*The MNG applies to Tufts Health One Care members unless a less restrictive LCD or NCD exists.

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0956

☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0956

☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0956

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration (FDA) Approved Indications:

Vyepti (eptinezumab-jjmr) is a calcitonin gene-related peptide antagonist indicated for the preventive treatment of migraine in adults.

Clinical Guideline Coverage Criteria

Initial Authorization Criteria

The Plan may authorize coverage of Vyepti (eptinezumab-jjmr) for Members when **ALL** the following criteria are met:

1. The Member has a documented diagnosis of migraine headaches

AND

2. Member is 18 years of age or older

AND

3. The Member has had an inadequate response or intolerance with two medications from any of the following classes:
    a. Beta-adrenergic blockers (e.g., metoprolol, propranolol, timolol)
    b. Antiepileptic drugs (e.g., divalproex sodium, valproic acid, topiramate)
    c. Antidepressants (e.g. amitriptyline, venlafaxine)

AND

4. The requested dose is no more than 300 mg administered every 3 months

AND

5. The Member will not be using Vyepti in combination with another CGRP antagonist indicated for migraine prevention

AND

6. The Member has had an inadequate response or intolerance to at least a 3-month trial of one or contraindication to all of the following:
    a. Aimovig (erenumab-aooe)
    b. Emgality (galcanezumab)
    c. Ajovy (fremanezumab-vfrm)

Reauthorization Criteria

1. Documentation is provided from the prescriber that the Member has sustained a positive response to therapy

AND

2. The Member will not be using Vyepti (eptinezumab-jjmr) in combination with another CGRP antagonist indicated for migraine prevention

Limitations

- Initial approval by the plan will be limited to 6 months. Reauthorizations will be provided in 12- month intervals.
- Members new to the plan stable on Vyepti (eptinezumab-jjmr) and treatment was initiated three (3) months or more prior to the request should be reviewed against the Reauthorization Criteria.
- Members new to the plan who are stable on Vyepti and treatment was initiated less than three (3) months prior to the request must meet initial approval criteria.
- Members who have already initiated Vyepti treatment using samples, free goods, or similar offerings do not qualify for an established clinical response and will not be considered during prior authorization review.

Codes

The following code(s) require prior authorization:

Table 1: Codes

HCPCS Codes	Description
J3032	Injection, Eptinezumab-jjmr 1mg

References:

1. American Academy of Neurology. Update: Pharmacologic Treatments for Episodic Migraine Prevention in Adults. Available at: https://www.aan.com/Guidelines/Home/GetGuidelineContent/545. Accessed October 2024.
2. Robbins M, et al. Treatment of Cluster Headache: The American Headache Society Evidence Based Guidelines. Headache 2016;56:1093-1106.
3. Schwedt T, Garza I. Preventive Treatment of Episodic Migraine in Adults. In: UpToDate, Goddeau RP Jr. (Ed). Waltham, MA: UpToDate, October 2024.
3. Vyepti [package insert]. Bothell, WA: Lundbeck Seattle Bio Pharmaceuticals, Inc; October 2025.

Approval And Revision History

September 13, 2022: Reviewed by Pharmacy and Therapeutics Committee (P&T)

September 21, 2022: Reviewed by the Medical Policy Approval Committee (MPAC)

Subsequent endorsement date(s) and changes made:

- November 14, 2023: Administrative updates to add Medical Benefit Drugs to title, update MATogether and RITogether fax numbers to 617-673-0939, and mechanism of action in overview (effective 12/1/23).
- November 12, 2024: No changes
- November 2024: Administrative update to rebrand Tufts Health Unify to Tufts Health One Care
- July 2025: Administrative update to remove Harvard Pilgrim Health Care Stride Medicare Advantage from the Medical Necessity Guideline template.
- December 2025 E-Vote: No changes (effective 1/1/26)

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria

based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.