P&T Date: 08/07/2025

Calcitonin Gene Related Peptide (CGRP) Antagonists

Vyepti® (eptinezumab-jjmr)

HCPCS: J3032

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. Migraine Prevention:
      i. FDA approved age
      ii. Medication is being used for preventive treatment of migraine headaches.
      iii. Adequate trials (at least 2 month trial) of prophylactic therapy from at least TWO different therapy classes listed in Appendix 1 were not effective, contraindicated, or not tolerated.
      iv. Not to be used in combination with other CGRP antagonists for migraine prevention
   b. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in the WyoBlue Advantage utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limit: FDA approved dosing
   b. Authorization Period:
      i. 6 months for initial therapy
      ii. 1 year for continuation of therapy
   c. Renewal Criteria: Documentation of at least a 50% or greater reduction in monthly migraine days (MMDs) from baseline

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Migraines affect 38 million people throughout the United States causing a significant decrease in quality of life and a large economic burden. An estimated 36 billion dollars are spent due to health care and loss of productivity costs. There is a large subset of migraine sufferers that are candidates for migraine prevention, but only a small portion of those candidates actually utilize these medications. Numerous drug classes have been studied for the prevention of migraine. The most recent guidelines published by the American Academy of Neurology in 2018 have shown efficacy for migraine prevention among antiepileptic drugs, antidepressants, antihypertensives, triptans (short term use for menstrually related migraines (MRM)), and botulinum toxin. In addition to drug therapy, neuromodulation and biobehavioral therapy have shown efficacy for the preventive and acute treatment of migraine.

- Guidelines suggest that there is no standard first line agent for the prevention of migraines; however, it does classify the agents by level of efficacy. Level A medications are those with established efficacy, Level B are probably effective, Level C are possibly effective, Level U are inadequate or conflicting data to support use, and Other are established as possibly or probably ineffective. There are many medications that are considered level A, as they have shown efficacy in >2 Class I trials. Divalproex sodium, sodium valproate, topiramate, metoprolol, propranolol, timolol, frovatriptan (short-term prophylaxis for treatment of MRM), and onabotulinumtoxinA are all Level A medications.

- Current abortive treatment options for migraines includes analgesics (such as NSAIDs), triptans and ergot alkaloids. Use of the latter is limited due to uncertainty of clear effectiveness and undesirable side effects. Reyvow® (lasmiditan), a first in class drug, was recently approved and is expected to be used in patients who are not candidates for triptans.

- Calcitonin gene related peptide (CGRP) antagonists are the first agents on the market that have a clearly understood mechanism of action in migraine prophylaxis. CGRP is the most potent endogenous vasodilator. Commonly, migraine sufferers present with elevated serum levels of CGRP even on non-migraine days. Inhibiting this pathway by binding to either the CGRP peptide itself or the CGRP receptor has proven to be an effective method in preventing migraine attacks in both episodic and chronic migraine.

- The American Headache Society publishes guidelines on all types of headache disorders including migraines. The most recent guidelines were published in 2018 and speak to the acute treatment and prophylaxis of migraines, both episodic and chronic. These guidelines incorporate CGRP antagonists for migraine therapy, which were absent from guidelines in previous years, as second line and adjunctive therapies for migraine prophylaxis in adults. The American Headache Society published guidelines for the treatment of cluster headache in 2016, however, these current guidelines do not include CGRP antagonists. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice from June 2021 continues to recommend adequate trials of established acute and/or preventive treatments before initiating use of newer migraine-specific acute and preventive therapies, in part to due to cost considerations, and no published evidence supports or refutes this hierarchical approach

Appendix 1: Medications for Prophylaxis of Migraines

Class	Accepted Examples
Anticonvulsants	Depakote® (divalproex), Depakene® (sodium valproate), Topamax® (topiramate), Tegretol® (carbamazepine)
ACE inhibitor or Angiotensin Receptor Blocker	Zestril® (lisinopril), Atacand® (candesartan)
Beta Blockers	Inderal® (propranolol), Lopressor® (metoprolol), Tenormin® (atenolol), Corgard® (nadolol), Blocadren® (timolol), Bystolic® (nebivolol), Visken®(pindolol)
Calcium Channel Blockers	Procardia® (nifedipine), Cardizem® (diltiazem), Calan® (verapamil)
Antidepressants	Elavil® (amitriptyline), Effexor® (venlafaxine)
Botulinum Toxin	OnabotulinumtoxinA

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Policy History		
#	Date	Change Description
1.0	Initial Effective Date: 01/01/2026	New policy

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*