

STEP THERAPY CRITERIA

DRUG CLASS	ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS
BRAND NAME (generic)	NURTEC ODT (rimegepant)
	QULIPTA (atogepant)
	UBRELVY (ubrogepant)
Status: CVS Caremark Criteria	
Type: Initial Step Therapy with Quantity Limit;	
Post Step Therapy Prior Authorization with Quantity Limit	

POLICY

FDA-APPROVED INDICATIONS

Nurtec ODT

Acute Treatment of Migraine

Nurtec ODT is indicated for the acute treatment of migraine with or without aura in adults.

Preventive Treatment of Episodic Migraine

Nurtec ODT is indicated for the preventive treatment of episodic migraine in adults.

Qulipta

Qulipta is indicated for the preventive treatment of episodic migraine in adults.

Ubrelvy

Ubrelvy is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use

Ubrelvy is not indicated for the preventive treatment of migraine.

INITIAL STEP THERAPY with QUANTITY LIMIT* For Ubrelvy

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30 day supply of two triptan 5-HT₁ receptor agonists (include combinations) within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.** If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

INITIAL STEP THERAPY with QUANTITY LIMIT* For Nurtec ODT

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30 day supply of two triptan 5-HT1 receptor agonists (include combinations) within the past 180 days OR at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.** If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

INITIAL STEP THERAPY with QUANTITY LIMIT* For Qulipta

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.** If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

****INITIAL LIMIT CRITERIA**

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases, the filling limit and day supply may be less than what is indicated.

Drug	1 Month Limit*	3 Month Limit*
Nurtec ODT (rimegepant)	16 orally disintegrating tablets / 25 days	48 orally disintegrating tablets / 75 days
Qulipta 10mg, 30mg, 60mg (atogepant)	30 tablets / 25 days	90 tablets / 75 days
Ubrelvy 50mg, 100mg (ubrogepant)	16 tablets / 25 days	48 tablets / 75 days

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for Nurtec ODT or Ubrelvy being prescribed for the acute treatment of migraine in an adult patient
- AND**
- The patient experienced an inadequate response or an intolerance to two triptan 5-HT1 receptor agonists

OR

- The patient has a contraindication that would prohibit a trial of triptan 5-HT₁ receptor agonists

AND

- The requested drug will not be used concurrently with another CGRP receptor antagonist

OR

- The request is for Nurtec ODT or Qulipta being prescribed for the preventive treatment of episodic migraine in an adult patient

AND

- The requested drug will not be used concurrently with another CGRP receptor antagonist

AND

- The patient received at least 3 months of treatment with the requested drug and had a reduction in migraine days per month from baseline

OR

- The patient experienced an inadequate treatment response with an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

OR

- The patient experienced an intolerance or has a contraindication that would prohibit an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

Current plan approved criteria cover up to:

16 tablets per month or 48 tablets per 3 months of Nurtec ODT 75mg

16 tablets per month or 48 tablets per 3 months of Ubrelvy 50mg

16 tablets per month or 48 tablets per 3 months of Ubrelvy100mg

30 tablets per month or 90 tablets per 3 months of Qulipta 10mg

30 tablets per month or 90 tablets per 3 months of Qulipta 30mg

30 tablets per month or 90 tablets per 3 months of Qulipta 60mg

REFERENCES

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5. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.
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