STEP THERAPY CRITERIA

DRUG CLASS	**ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS**
BRAND NAME (generic)	**NURTEC ODT (rimegepant)** **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
Nurtec ODT is indicated for the acute treatment of migraine with or without aura in adults.
Limitations of Use
Nurtec ODT is not indicated for the preventive treatment of migraine.

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*

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 quantity limits are exceeded.

**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
Ubrelvy 50mg (ubrogepant)	16 tablets / 25 days	48 tablets / 75 days
Ubrelvy 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 requested drug is 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 oral CGRP receptor antagonist

Quantity Limits apply.

QUANTITY LIMIT

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.

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REFERENCES

1. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; December 2019.
2. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc; March 2020.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed June 2020.
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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.
6. Marmura M, Silberstein S, Schwedt T. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. Headache 2015;55:3-20.

7. Oskoui M, Pringsheim T, Holler-Managan Y, et al. Practice guideline update summary: Acute Treatment of Migraine in Children and Adolescents. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology* 2019;93:487-499.

