

# STEP THERAPY CRITERIA

<b>DRUG CLASS</b>	<b>ORAL, NASAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>
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<b>BRAND NAME (generic)</b>	
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	<b>NURTEC ODT (rimegepant)</b>
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	<b>QULIPTA (atogepant)</b>
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	<b>UBRELVY (ubrogepant)</b>
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	<b>ZAVZPRET (zavegepant)</b>
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**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 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.

#### **Zavzpret**

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

##### Limitations of Use

Zavzpret is not indicated for the preventive treatment of migraine.

**INITIAL STEP THERAPY with QUANTITY LIMIT\* For Ubrelvy and Zavzpret**

*\*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, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, 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, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, 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 QUANTITY**

**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 10 mg, 30 mg, 60 mg (atogepant)	30 tablets / 25 days	90 tablets / 75 days
Ubrelvy 50 mg, 100 mg (ubrogepant)	16 tablets / 25 days	48 tablets / 75 days
Zavzpret (zavegepant)	6 nasal spray units / 18 days	24 nasal spray units / 75 days

*\*The duration of 18 days is used for a 21-day fill period, 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****Acute Treatment of Migraine**

Authorization may be granted when the requested drug is being prescribed for the acute treatment of migraine in an adult patient when ALL of the following criteria are met:

- The request is for Nurtec ODT, Ubrelvy, or Zavzpret
- The patient meets ONE of the following criteria:
  - The patient experienced an inadequate treatment response or an intolerance to TWO triptan 5-HT<sub>1</sub> receptor agonists
  - The patient has a contraindication that would prohibit a trial of triptan 5-HT<sub>1</sub> receptor agonists

**Preventive Treatment of Episodic Migraine**

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of episodic migraine in an adult patient when ALL of the following criteria are met:

- The request is for Nurtec ODT
- The patient has NOT received at least 3 months of treatment with the requested drug

**Preventive Treatment of Migraine**

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

- The request is for Qulipta
- The patient has NOT received at least 3 months of treatment with the requested drug

**CONTINUATION OF THERAPY****Acute Treatment of Migraine**

All patients (including new patients) requesting authorization for continuation of therapy must meet ALL requirements in the coverage criteria section.

**Preventive Treatment of Episodic Migraine**

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of episodic migraine in an adult patient when ALL of the following criteria are met:

- The request is for Nurtec ODT
- The patient has received at least 3 months of treatment with the requested drug

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- The patient had a reduction in migraine days per month from baseline

### **Preventive Treatment of Migraine**

Authorization may be granted when the requested drug is being prescribed for the preventive treatment of migraine in an adult patient when ALL of the following criteria are met:

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

### **QUANTITY LIMITS APPLY**

Ubrelvy: 16 tablets per month, 48 tablets per 3 months

Nurtec ODT: 16 tablets per month, 48 tablets per 3 months

Qulipta: 30 tablets per month, 90 tablets per 3 months

Zavzpret: 6 nasal spray units per 3 weeks, 24 nasal spray units per 3 months

*\*The duration of 18 days is used for a 21-day fill period, 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.*

### **DURATION OF APPROVAL (DOA)**

- 3481-E:
  - Nurtec ODT, Ubrelvy, Zavzpret (Acute Treatment): DOA: 12 months
  - Nurtec ODT, Qulipta (Preventive Treatment): Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

### **REFERENCES**

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4. Zavzpret [package insert]. New York, NY: Pfizer Las Division of Pfizer Inc.; March 2023.
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