

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	ORAL, NASAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS
BRAND NAME* (generic)	NURTEC ODT (rimegepant) QULIPTA (atogepant) UBRELVY (ubrogepant) ZAVZPRET (zavegepant)
Status: Client Requested Criteria	
Type: Initial Prior Authorization	
Ref # C20879-C	

**Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.*

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.

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 the following criteria are met:

- The request is for Nurtec ODT, Ubrelvy, or Zavzpret

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
- 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)

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

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc; April 2023.
2. Qulipta [package insert]. Madison, NJ: Allergan USA, Inc.; June 2023.
3. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; June 2023.
4. Zavzpret [package insert]. New York, NY: Pfizer Las Division of Pfizer Inc.; March 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed April 11, 2024.
6. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/11/2024).
7. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.
8. 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.
9. Ailani J, Burch RC, Robbins MS et al. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
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12. Charles A, Digre K, Goadsby P, et al. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache*. 2024; 00:1-9.
13. American Academy of Neurology. Update: Pharmacologic Treatments for Episodic Migraine Prevention in Adults. Available at: <https://www.aan.com/Guidelines/Home/GetGuidelineContent/545>. Accessed April 2024.