UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Nurtec ODT and Ubrelvy

Program	Prior Authorization
Medication	Nurtec ODT (rimegepant), Ubrelvy (ubrogepant)
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	3/2020
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	1/2021

1. Background:

Nurtec ODT (rimegepant) and Ubrelvy (ubrogepant) are calcitonin gene-related peptide receptor antagonists indicated for the acute treatment of migraine with or without aura in adults.

The American Headache Society recommends the use of NSAIDs (including aspirin), non-opioid analgesics, acetaminophen, or caffeinated analgesic combinations (e.g., aspirin/acetaminophen/caffeine) for mild-to-moderate attacks and migraine-specific agents (i.e.,triptans, dihydroergotamine [DHE]) for moderate or severe attacks and mild-to-moderate attacks that respond poorly to NSAIDs or caffeinated combinations.

2. Coverage Criteria:

A. <u>Initial Authorization</u>

1. **Nurtec ODT** will be approved based on **<u>all</u>** of the following criteria:

   a. Diagnosis of moderate to severe migraine headaches with or without aura

   -AND-

   b. Used for acute treatment of migraine

   -AND-

   c. Documentation of a one month trial resulting in therapeutic failure, contraindication or intolerance to **<u>two</u>** of the following:
      i. naratriptan (Amerge)
      ii. rizatriptan (Maxalt/Maxalt MLT)
      iii. sumatriptan (Imitrex)

-AND-

d. Prescribed by or in consultation with one of the following specialists with expertise in the acute treatment of migraine:
   i. Neurologist
   ii. Pain Specialist
   iii. Headache Specialist*

-AND-

e. One of the following:
   i. If patient has 4 to 14 migraine days per month and less than 15 headache days per month, patient must be currently treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:
      a) Amitriptyline (Elavil)
      b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
      c) Divalproex sodium (Depakote/Depakote ER)
      d) Topiramate (Topamax)
      e) Venlafaxine (Effexor/Effexor XR)

-OR–

   ii) If patient has greater than or equal to 8 migraine days per month and greater than or equal to 15 headache days, patient must be currently treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:
      a) Amitriptyline (Elavil)
      b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
      c) Divalproex sodium (Depakote/Depakote ER)
      d) OnabotulinumtoxinA (Botox) ***NOTE*** This is a medical benefit, should not be included in denial to provider
      e) Topiramate (Topamax)
      f) Venlafaxine (Effexor/Effexor XR)

-AND-

f. Medication will not be used in combination with another acute calcitonin gene-related peptide receptor (CGRP) antagonists (i.e., Ubrelvy)

2. **Ubrelvy** will be approved based on **all** of the following criteria:

a. Diagnosis of moderate to severe migraine headaches with or without aura

-AND-

b. Used for acute treatment of migraine

-AND-

c. Documentation of a one month trial resulting in therapeutic failure, contraindication or intolerance to **both** of the following:
   i. **Two** of the following
      a) naratriptan (Amerge)
      b) rizatriptan (Maxalt/Maxalt MLT)
      c) sumatriptan (Imitrex)

-AND-

   ii. Nurtec ODT

-AND-

d. Prescribed by or in consultation with one of the following specialists with expertise in the acute treatment of migraine:
   i. Neurologist
   ii. Pain Specialist
   iii. Headache Specialist*

-AND-

e. One of the following:
   i. If patient has 4 to 14 migraine days per month and less than 15 headache days per month, patient must be currently treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:
      a) Amitriptyline (Elavil)
      b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
      c) Divalproex sodium (Depakote/Depakote ER)
      d) Topiramate (Topamax)
      e) Venlafaxine (Effexor/Effexor XR)

-OR–

   ii) If patient has greater than or equal to 8 migraine days per month and greater than or equal to 15 headache days, patient must be currently

treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:

a) Amitriptyline (Elavil)
b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
c) Divalproex sodium (Depakote/Depakote ER)
d) OnabotulinumtoxinA (Botox) ***NOTE*** This is a medical benefit, should not be included in denial to provider
e) Topiramate (Topamax)
f) Venlafaxine (Effexor/Effexor XR)

-AND-

f. Medication will not be used in combination with another acute calcitonin gene-related peptide receptor (CGRP) antagonists (i.e., Nurtec ODT)

Authorization will be issued for 12 months.

*Headache specialists are physicians certified by the United Council for Neurologic Subspecialties (UCNS).

B. Reauthorization

1. **Nurtec ODT and Ubrelvy** will be approved based on **both** of the following criteria:

a. Documentation of positive clinical response to therapy

-AND-

b. Prescribed by or in consultation with one of the following specialists with expertise in the acute treatment of migraine:
   i. Neurologist
   ii. Pain Specialist
   iii. Headache Specialist*

-AND-

c. Medication will not be used in combination with another acute calcitonin gene-related peptide receptor (CGRP) antagonists [i.e., Nurtec ODT for Ubrelvy requests, Ubrelvy for Nurtec ODT requests]

Authorization will be issued for 12 months.

*Headache specialists are physicians certified by the United Council for Neurologic Subspecialties (UCNS).

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals Inc.; March 2020.
2. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; June 2020.
3. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. *Headache: The Journal of Head and Face Pain*. 2019:59; 1-18.

Program	Prior Authorization – Nurtec ODT, Ubrelvy
Change Control	
Date	Change
3/2020	New program
10/2020	Renamed program Nurtec_Ubrelvy. Changed triptan step from three to two and added a step requirement for Ubrelvy through Nurtec ODT.