UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2022 P 1326-4 |
| Program | Prior Authorization-Notification |
| Medication | Nurtec ODT (rimegepant), Qulipta (atogepant)*, Ubrelvy (ubrogepant) |
| P&T Approval Date | 9/2020, 7/2021, 12/2021, 3/2022 |
| Effective Date | 4/1/2022;<br>Oxford only: N/A |

**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. Nurtec ODT and Qulipta (atogepant)* are indicated for the preventive treatment of episodic migraine in adults.

**2. Coverage Criteria[a]:**

**A. Initial Authorization**

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

   a. Diagnosis of migraine headaches with or without aura.

   **-AND-**

   b. Used for acute treatment of migraine

   **-AND-**

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

**Authorization will be issued for 12 months.**

2. Nurtec ODT will be approved based on **one** of the following criteria:

   a. **All** of the following:

      1) Diagnosis of migraine headaches with or without aura.

      **-AND-**

      2) Used for acute treatment of migraine

      **-AND-**

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

**-OR-**

b. **All** of the following:

1) Diagnosis of episodic migraines

**-AND-**

2) Used for preventive treatment of migraines

**-AND-**

3) Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g., Aimovig, Ajovy*, Emgality, Qulipta*, Vyepti^)

**Authorization will be issued for 12 months.**

3. Qulipta* will be approved based all of the following criteria:

a. Diagnosis of episodic migraines

-AND-

b. Used for preventive treatment of migraines

-AND-

c. Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g., Aimovig, Ajovy*, Emgality, Vyepti^, Nurtec ODT)

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Ubrelvy** will be approved based on the following criteria:

a. Documentation of positive clinical response to therapy

**-AND-**

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

**Authorization will be issued for 12 months.**

2. **Nurtec ODT** will be approved based on the following criteria:

   a. Documentation of positive clinical response to therapy

   -AND-

   b. **One** of the following:

      1) **Both** of the following:
         a) Use is for the acute treatment of migraine

         -AND-

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

         -OR-

      2) **Both** of the following:

         a. Use is for the preventive treatment of migraines

         -AND-

         b. Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g., Aimovig, Ajovy*, Emgality, Qulipta*, Vyepti^)

**Authorization will be issued for 12 months.**

3. **Qulipta* will be approved based on the following criteria:**

   a. Documentation of positive clinical response to therapy

   **-AND-**

   b. Medication will not be used in combination with another CGRP antagonist or inhibitor used for the preventive treatment of migraines (e.g. Aimovig, Ajovy*, Emgality, Nurtec ODT, Vyepti^)

**Authorization will be issued for 12 months.**

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**Ajovy and Qulipta are typically excluded from coverage**
**^Vyepti may be subject to additional benefit and coverage review requirements.**

**3. Additional Clinical Programs:**

- Supply limits may apply.
- Prior Authorization-Medical Necessity may apply
- Step Therapy may apply
- 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.

**4. References:**

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc.; December 2021.
2. Qulipta [package insert]. Dublin, Ireland: Forest Laboratories Ireland, Ltd. October 2021.
3 Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; March 2021.
4. The American Headache Society Position Statement on Integrating New Migraine Treatments Into Clinical Practice. AHS Consensus Statement. Headache. 2021; 61:1021-39.

| Program | Prior Authorization-Notification – Nurtec ODT, Ubrelvy |
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| **Change Control** | |
| Date | Change |
| 9/2020 | New program. |
| 7/2021 | Added new indication for Nurtec ODT for episodic migraines. Added statement regarding concomitant therapy with other CGRPs. Updated references. Added state mandate language. |
| 12/2021 | Added Qulipta for preventive treatment of migraines. Updated references. |
| 3/2022 | Updated the products typically excluded from coverage. Added note for Vyetpi regarding additional benefit and coverage review requirements. Updated references. |