UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 3145-4
Program	Step Therapy
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; 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.

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.

Preventive treatment selection is based on evidence of efficacy, tolerability, patient preference, headache subtype, and comorbidities. The American Academy of Neurology guidelines note that antiepileptic drugs (divalproex sodium, valproate sodium, topiramate) and beta-blockers (metoprolol, propranolol, timolol) have established efficacy and that antidepressants (amitriptyline, venlafaxine) and beta-blockers (atenolol, nadolol) are probably effective for the preventive treatment of migraine headache.

This program requires a member to use lower cost options prior to receiving coverage for Nurtec ODT, Qulipta* or Ubrelvy.

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

A. Acute treatment migraine

1. Ubrelvy will be approved based on the following criterion:

   a. History of a therapeutic failure (after at least 3 migraine episodes and a minimum of a 30-day trial) contraindication or intolerance to **two** of the following (document name and date tried):

      1) almotriptan (Axert)

2) eletriptan (Relpax)
3) frovatriptan (Frova)
4) naratriptan (Amerge)
5) rizatriptan (Maxalt/Maxalt MLT)
6) sumatriptan (Imitrex)
7) zolmitriptan (Zomig)

Authorization will be issued for 12 months.

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

a. History of a therapeutic failure (after at least 3 migraine episodes and a minimum of a 30-day trial) contraindication or intolerance to **two** of the following (document name and date tried):

1) almotriptan (Axert)
2) eletriptan (Relpax)
3) frovatriptan (Frova)
4) naratriptan (Amerge)
5) rizatriptan (Maxalt/Maxalt MLT)
6) sumatriptan (Imitrex)
7) zolmitriptan (Zomig)

Authorization will be issued for 12 months.

B. Prevention of Episodic Migraines

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

a. History of failure (after a trial of at least two months[b]), contraindication or intolerance to **two** of the following prophylactic therapies (document name and date tried):

1) Amitriptyline (Elavil)
2) One of the following beta-blockers: atenolol, metoprolol, nadolol, propranolol, or timolol
3) Candesartan (Atacand)
4) Divalproex sodium (Depakote/Depakote ER)
5) Topiramate (Topamax)
6) Venlafaxine (Effexor/Effexor XR)

Authorization will be issued for 12 months.

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

   a. History of failure (after a trial of at least two months[b]), contraindication or intolerance to **two** of the following prophylactic therapies (document name and date tried):

      1) Amitriptyline (Elavil)
      2) One of the following beta-blockers: atenolol, metoprolol, nadolol, propranolol, or timolol
      3) Candesartan (Atacand)
      4) Divalproex sodium (Depakote/Depakote ER)
      5) Topiramate (Topamax)
      6) Venlafaxine (Effexor/Effexor XR)

-AND-

   b. History of failure (after a trial of at least three months[b]) contraindication or intolerance to **all** of the following (document date tried):
      (a) Aimovig
      (b) Emgality (120 mg strength)
      (c) Nurtec ODT

Authorization will be issued for 12 months.

C. Other Diagnoses

1. Ubrelvy, Nurtec ODT or Qulipta*will be approved.

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.

[b] For Connecticut business, only a 60-day trial will be required. For Kentucky business, only a 30-day trial will be required.

Qulipta is typically excluded from coverage

3. Additional Clinical Programs:

- Supply limits may apply.
- Prior Authorization-Medical Necessity may apply
- Prior Authorization-Notification 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	Step Therapy – Nurtec ODT, Qulipta*, Ubrelvy
Change Control	
Date	Change
9/2020	New program.
7/2021	Annual review. Added prevention of episodic migraines for Nurtec ODT. Updated the trial language to include 3 migraine episodes. Update references.
12/2021	Added Qulipta for preventive treatment of migraines. Updated references.
3/2022	Removed the step through the injectable CGRPs for Nurtec ODT. Added a step through Nurtec ODT for Qulipta. Updated the products typically excluded from coverage. Updated references.