



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3145-1
Program	Step Therapy
Medication	Nurtec ODT (rimegepant)*, Ubrelvy (ubrogepant)
P&T Approval Date	9/2020
Effective Date	11/1/2020; 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.

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.

This program requires a member to try two generic triptans prior to receiving coverage for Nurtec ODT* or Ubrelvy.

2. Coverage Criteria^a:

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

1. Documentation of a one-month trial resulting in therapeutic failure, contraindication or intolerance to **two** of the following:
 - a. almotriptan (Axert)
 - b. eletriptan (Relpax)
 - c. frovatriptan (Frova)
 - d. naratriptan (Amerge)
 - e. rizatriptan (Maxalt/Maxalt MLT)
 - f. sumatriptan (Imitrex)
 - g. zolmitriptan (Zomig)

Authorization will be issued for 12 months.

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

1. Documentation of a one-month trial resulting in therapeutic failure, contraindication or intolerance to **both** of the following:

a. **Two** of the following:

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

-AND-

b. Ubrelvy

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.

***Nurtec ODT 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.; February 2020.
2. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; December 2019.
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	Step Therapy – Nurtec ODT, Ubrelvy
Change Control	
Date	Change
9/2020	New program.