Reference number(s)
3481-E

Initial Step Therapy with Quantity Limit; Post Step Therapy Prior Authorization with Quantity Limit Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists Oral, Nasal

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Nurtec ODT	rimegepant
Qulipta	atogepant
Ubrelvy	ubrogepant
Zavzpret	zavegepant

Indications

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.

Initial Step Therapy with Quantity Limit for Ubrelvy and Zavzpret

Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 30 day supply of two triptan 5-HT1 receptor agonists (include combinations) within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Initial Step Therapy with Quantity Limit for Nurtec ODT

Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 30 day supply of two triptan 5-HT1 receptor agonists (include combinations) within the past 180 days OR at least a 56 day supply of divalproex sodium,

topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Initial Step Therapy with Quantity Limit for Qulipta

Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a PA is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Initial Limit Quantity

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

Please Note: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases, the filling limit and day supply may be less than what is indicated.

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.

Drug	1 Month Limit	3 Month Limit
Nurtec ODT (rimegepant)	16 orally disintegrating tablets / 25 days	48 orally disintegrating tablets / 75 days

Drug	1 Month Limit	3 Month Limit
Qulipta (atogepant)	30 tablets / 25 days	90 tablets / 75 days
Ubrelvy (ubrogepant)	16 tablets / 25 days	48 tablets / 75 days
Zavzpret (zavegepant)	6 nasal spray units / 18 days	24 nasal spray units / 75 days

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 ALL of the following criteria are met:

- The request is for Nurtec ODT, Ubrelvy, or Zavzpret.
- The patient meets ONE of the following criteria:
    - The patient experienced an inadequate treatment response or an intolerance to TWO triptan 5-HT1 receptor agonists.
    - The patient has a contraindication that would prohibit a trial of triptan 5-HT1 receptor agonists.

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

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.

Nurtec ODT: 16 tablets per month, 48 tablets per 3 months
Qulipta: 30 tablets per month, 90 tablets per 3 months
Ubrelvy: 16 tablets per month, 48 tablets per 3 months
Zavzpret: 6 nasal spray units per 3 weeks, 24 nasal spray units per 3 months

Duration of Approval (DOA)

- 3481-E:
  - 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 York, NY: Pfizer Labs; March 2025.
2. Qulipta [package insert]. North Chicago, IL: AbbVie Inc.; March 2025.
3. Ubrelvy [package insert]. North Chicago, IL: AbbVie Inc.; March 2025.
4. Zavzpret [package insert]. New York, NY: Pfizer Labs Division of Pfizer Inc.; March 2025.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. https://online.lexi.com. Accessed April 23, 2025.
6. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/23/2025).
7. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021; 61(7):1021-1039.
8. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology. 2012;78(17);1337-1345.
9. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology, 2013;80(9);871
10. 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;64(4):333-341.
11. 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 2025.

