Effective Date: 10/01/2021
Reviewed: 07/2021, 2/2022, 7/2023 Scope: Medicaid

ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

NURTEC ODT (rimegepant)

POLICY

I. CRITERIA FOR APPROVAL

A. Acute Treatment of Migraine

An authorization for 6 months may be granted for acute treatment of migraine when all of the following criteria are met:

A. Patient is 18 years of age or older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient has experienced an inadequate treatment response or intolerance to at least two preferred triptan 5-HT1 receptor agonists (e.g., sumatriptan, rizatriptan, naratriptan) or has a contraindication that would prohibit a trial of a triptan 5-HT1 receptor agonist
D. For patients with a diagnosis of chronic migraines (experiencing at least 15 headache days per month), documentation is provided that the patient is using a preventive migraine medication concurrently
E. Patient is not using medication in combination with another oral CGRP antagonist
F. The request is within the quantity limit of 8 tablets for Nurtec ODT
    i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

B. Preventative Treatment of Episodic Migraine

An authorization for 6 months may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

A. Patient is 18 years of age or older
B. Medication is prescribed by, or in consultation with a neurologist or headache specialist
C. Patient experiences at least 4 but not more than 14 headache days per month, with disability on some days
D. Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief
E. Patient has documented trial and failure of a 3-month trial of any 2 prophylactic medications from the following therapeutic classes:
    i. Antidepressants (e.g., amitriptyline, venlafaxine)
    ii. Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol)
    iii. Anti-epileptics (e.g., topiramate, valproate)
G. Patient is not using medication in combination with another oral CGRP antagonist, an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti), or a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
H. For Nurtec ODT requests, patient meets either the following criteria:
    i. The request is within the quantity limit of 8 tablets for Nurtec ODT for periodic prevention
    ii. Patient has a documented trial and failure of a preferred injectable CGRP antagonist (Ajovy or Emgality) for migraine prevention

II. CONTINUATION OF THERAPY

A. Acute Treatment of Migraine

An authorization for 12 months may be granted for acute treatment of migraine when all of the following criteria are met:

A. If patient has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient is not using medication in combination with another oral CGRP antagonist
C. Documentation that the patient has experienced a positive clinical response to therapy as demonstrated by a reduction in headache pain, duration and/or severity from baseline.
D. The request is within the quantity limit of 8 tablets for Nurtec ODT
    i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

B. Preventative Treatment of Episodic Migraine

An authorization for 12 months may be granted for the preventative treatment of episodic migraine when all of the following criteria are met:

A. If patient has not been approved for this drug by Neighborhood in the past, clinician must submit documentation that initial criteria is met.
B. Patient is not using medication in combination with another oral CGRP antagonist, an injectable CGRP antagonist (e.g., Ajovy, Emgality, Vyepti), or a botulinum toxin (e.g., onabotulinumtoxinA, abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB)
C. Documentation that the patient has experienced a positive clinical response to therapy as demonstrated by a reduction in headache frequency, duration and/or severity from baseline
D. For Nurtec ODT requests only, the request is within the quantity limit of 8 tablets
    i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

III. QUANTITY LIMIT

- Nurtec ODT: 8 tablets per month (30 days), post-limit of up to 18 tablets per 30 days
    - A quantity limit exception of more than 8 tablets per month up to a max of 18 tablets per month for preventative use would require a documented trial and failure of a preferred injectable CGRP antagonist (Ajovy or Emgality), or documentation is provided that the patient is using a preventative migraine medication concurrently when Nurtec ODT is being used for acute treatment and documentation that the patient has been utilizing 8 tablets per 30 days for at least 3 months with inadequate coverage for acute migraine treatment.