

Effective Date: 10/01/2021
Reviewed: 07/2021, 2/2022, 5/2023
Scope: Medicaid

## ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

### UBRELVY (ubrogepant)

#### 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-HT<sub>1</sub> receptor agonists (e.g., sumatriptan, rizatriptan, naratriptan) or has a contraindication that would prohibit a trial of a triptan 5-HT<sub>1</sub> 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 10 tablets for Ubrovelvy
  - i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

##### 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 10 tablets for Ubrovelvy
  - i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

##### III. QUANTITY LIMIT

- Ubrovelvy 50mg and 100mg tablets: 10 tablets per month (30 days), post-limit of up to 16 tablets per 30 days
  - A quantity limit exception of more than 10 tablets per month up to a max of 16 tablets per 30 days would require that documentation is provided that the patient is using a preventative migraine medication concurrently, documentation that the

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patient has been utilizing 10 tablets per 30 days for at least 3 months with inadequate coverage for acute migraine treatment and documentation that the optimized dosage strength of Ubrelvy is being utilized based on tolerability.