

# STEP THERAPY CRITERIA

<b>DRUG CLASS</b>	<b>ORAL, NASAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>
<b>BRAND NAME (generic)</b>	<b>NURTEC ODT (rimegepant)</b>
	<b>QULIPTA (atogepant)</b>
	<b>UBRELVY (ubrogepant)</b>
	<b>ZAVZPRET (zavegepant)</b>
<b>Status: CVS Caremark® Criteria</b>	
<b>Type: Initial Step Therapy with Quantity Limit;</b>	
<b>Post Step Therapy Prior Authorization with Quantity Limit</b>	

## POLICY

### 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.*

CGRP Receptor Antagonists Oral, Nasal ST with Limit, Post PA Policy 3481-E UDR 07-2022 v3

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

©2023 CVS Health and/or its affiliates. All rights reserved. 106-58428J 021423

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, metoprolol, propranolol, timolol, atenolol, nadolol, 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, metoprolol, propranolol, timolol, atenolol, nadolol, 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 CRITERIA**

**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.

<b>Drug</b>	<b>1 Month Limit*</b>	<b>3 Month Limit*</b>
Nurtec ODT (rimegepant)	16 orally disintegrating tablets / 25 days	48 orally disintegrating tablets / 75 days
Qulipta 10mg, 30mg, 60mg (atogepant)	30 tablets / 25 days	90 tablets / 75 days

Ubrelvy 50mg, 100mg  
(ubrogepant)

16 tablets / 25 days

48 tablets / 75 days

Zavzpret  
(zavegepant)

6 nasal spray units / 18 days

24 nasal spray units / 75 days

*\*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.*

## **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for Nurtec ODT, Ubrelvy, or Zavzpret being prescribed for the acute treatment of migraine in an adult patient

**AND**

- The patient experienced an inadequate response or an intolerance to two triptan 5-HT<sub>1</sub> receptor agonists

**OR**

- The patient has a contraindication that would prohibit a trial of triptan 5-HT<sub>1</sub> receptor agonists

**AND**

- The requested drug will not be used concurrently with another CGRP receptor antagonist

**OR**

- The request is for Nurtec ODT being prescribed for the preventive treatment of episodic migraine in an adult patient

**OR**

- The request is for Qulipta being prescribed for the preventive treatment of migraine in an adult patient

**AND**

- The requested drug will not be used concurrently with another CGRP receptor antagonist

**AND**

- The patient received at least 3 months of treatment with the requested drug and had a reduction in migraine days per month from baseline

**OR**

- The patient experienced an inadequate treatment response with an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

**OR**

- The patient experienced an intolerance or has a contraindication that would prohibit an 8-week trial of any of the following: A) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (e.g., amitriptyline, venlafaxine)

Quantity Limits apply.

Ubrelvy: 16 tablets per month, 48 tablets per 3 months

Nurtec ODT: 16 tablets per month, 48 tablets per 3 months

Qulipta: 30 tablets per month, 90 tablets per 3 months

Zavzpret: 6 nasal spray units per 3 weeks, 24 nasal spray units per 3 months

*\*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.*

## **REFERENCES**

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc; April 2022.
2. Qulipta [package insert]. Madison, NJ: Allergan USA, Inc.; April 2023.
3. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; March 2021.

CGRP Receptor Antagonists Oral, Nasal ST with Limit, Post PA Policy 3481-E UDR 07-2022 v3

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed June 8, 2022.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 8, 2022
6. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.
7. Marmura M, Silberstein S, Schwedt T. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. *Headache* 2015;55:3-20.
8. Ailani J, Burch RC, Robbins MS et al. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
9. Silberstein S, 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. *Neurology* 2012;78;1337-1346.
10. Silberstein S, 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. *Neurology* 2013;80;871
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 June 2022.
12. Zavzpret [package insert]. New York, NY: Pfizer Las Division of Pfizer Inc.; March 2023.

CGRP Receptor Antagonists Oral, Nasal ST with Limit, Post PA Policy 3481-E UDR 07-2022 v3

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.