

Effective Date: 10/01/2021
Reviewed: 07/2021, 2/2022, 5/2023, 6/2024, 7/2025
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-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 10 tablets for Ubrelvy
 - 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 Ubrelvy
 - i. If the request is exceeding the quantity limit, refer to section III for quantity limit exception criteria

III. QUANTITY LIMIT

- Ubrelvy 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

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using a preventative migraine medication concurrently, documentation that the 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.

IV. **REFERENCES**

1. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; June 2025.