Overview
Nurtec, Reyvow and Ubrelvy are calcitonin gene-related peptide receptor antagonists (CGRP) indicated for the treatment of acute migraines in adults. Reyvow and Ubrelvy are available as oral tablets. Nurtec is available as an oral disintegrating tablet (ODT).

Coverage Guidelines
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Nurtec, Reyvow or Ubrelvy, excluding when the product is obtained as samples or via manufacturer’s patient assistance program

OR

Authorization may be granted for Nurtec or Reyvow for members who meet all following criteria and documentation has been submitted:
1. The member is diagnosed with migraines
2. The member is ≥18 years of age
3. The prescriber is a neurologist, or a neurology consult is provided
4. The member meets one of the following:
   a. Has had an inadequate response, or adverse drug reaction to two different triptan agents
   b. Has a contraindication to all oral triptans.

Authorization may be granted for Ubrelvy for members who meet all the following criteria and documentation has been submitted:
1. The member is diagnosed with migraines
2. The member is ≥18 years of age
3. The prescriber is a neurologist, or a neurology consult is provided
4. The member meets one of the following:
   a. Has had an inadequate response, or adverse drug reaction to two different triptan agents
   b. Has a contraindication to all oral triptans.
5. The member has had an inadequate response, intolerance or has a contraindication to Nurtec

Limitations
1. Approvals will be granted for 12 months
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurtec ODT 75mg</td>
<td>15 tablets per 30 days</td>
</tr>
<tr>
<td>Reyvow 50mg</td>
<td>4 tablets per 30 days</td>
</tr>
<tr>
<td>Reyvow 100mg</td>
<td>8 tablets per 30 days</td>
</tr>
<tr>
<td>Ubrelvy 50mg and 100mg</td>
<td>16 tablets per 30 days</td>
</tr>
</tbody>
</table>

References
1. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; July 2020.
5. Ubrelvy (ubrogepant) [prescribing information]. Madison, NJ: Allergan USA Inc; December 2019

Review History
11/18/2020 – New Criteria; reviewed Nov P&T; implementation 1/1/21

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.