

**Nurtec (rimegepant)
Reyvow (lasmiditan)
Ubrelvy (ubrogepant)
Effective 12/01/2021**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

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 using medication for the treatment of migraine headaches
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 **Nurtec** for members who meet all following criteria and documentation has been submitted:

1. The member is using medication for the prevention of migraine headaches
2. The member is ≥18 years of age



3. The member has inadequate response, intolerance or contraindication to TWO of the following agents:
 - a. Beta-adrenergic blockers (e.g. metoprolol, propranolol, timolol)
 - b. Antiepileptic agents (e.g. divalproex sodium, valproic acid, topiramate)
 - c. Antidepressants (e.g. amitriptyline, venlafaxine)

Authorization may be granted for **Ubrelvy** for members who meet all the following criteria and documentation has been submitted:

1. The member is using medication for the treatment of migraine headaches
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:

Nurtec ODT 75mg	15 tablets per 30 days
Reyvow 50mg	Initial Dose: 4 tablets Maintenance Dose: 8 tablets per 30 days
Reyvow 100mg	8 tablets per 30 days
Ubrelvy 50mg and 100mg	16 tablets per 30 days

References

1. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; July 2020.
2. Ashina M, Vasudeva R, Jin L, et al. Onset of efficacy following oral treatment with lasmiditan for the acute treatment of migraine: integrated results from 2 randomized double-blind placebo-controlled phase clinical studies. *Headache*. 2019;59(10):1788-1801
3. Nurtec ODT (rimegepant) [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals Inc; March 2020.
- 4 Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394(10200):737-745. 10.1016/S0140-6736(19)31606-X
5. Ubrelvy (ubrogepant) [prescribing information]. Madison, NJ: Allergan USA Inc; December 2019

Review History

11/18/2020 – New Criteria; reviewed Nov P&T; MH effective 1/1/21. ComExch effective 1/15/21.
09/22/2021 – Reviewed and Updated at September P&T; added new indication for Nurtec ODT for prevention of migraine headaches; separated out Comm/Exch and MH criteria. Effective 12/01/2021.

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