

**Nurtec (rimegepant)  
 Reyvow (lasmiditan)  
 Ubrelvy (ubrogepant)  
 Qulipta (atogepant)  
 Effective 07/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

**Overview**  
 Nurtec Qulipta, Ubrelvy and Reyvow are FDA approved for the treatment of acute migraines in adults. Nurtec and Qulipta have additional FDA indication of preventative treatment of episodic migraines in adults. Reyvow, Qulipta 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 the requested medication, 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  $\geq 18$  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 **Qulipta** for members who meet all following criteria and documentation has been submitted:

4. The member is using medication for the prevention of migraine headaches
5. The member is  $\geq 18$  years of age
6. 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)
7. The member has had inadequate response, intolerance, or contraindication to Nurtec ODT

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  $\geq 18$  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

### **Continuation of Therapy**

Reauthorization physician documentation of continuation of therapy and positive response to therapy (i.e., decrease in migraines/headaches).

### **Limitations**

1. Initial approvals and reauthorizations 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
Qulipta 10mg, 30mg, 60mg	30 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. 399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org



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
6. Qulipta (atogepant) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2021.

### **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.  
05/18/2022 – Reviewed and Updated for May P&T; added new drug Qulipta for the indication of preventative treatment of episodic migraines in adults; Overview updated; Added continuation of therapy criteria. Effective 07/01/22

### **Disclaimer**

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