



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Calcitonin Gene Related Peptide (CGRP) Receptor
Antagonist Oral_Nasal
(Nurtec ODT, Qulipta, Zavzpret, Ubrelvy)

Page: 1 of 4

Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Maryland
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for the Oral and Nasal Calcitonin Gene Related Peptide (CGRP) Receptor Antagonists under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

Non-Preferred Agents:

Qulipta
Ubrelvy
Zavzpret



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Calcitonin Gene Related Peptide (CGRP) Receptor
Antagonist Oral_Nasal
(Nurtec ODT, Qulipta, Zavzpret, Ubrelvy)

Page: 2 of 4

Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Maryland
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Policy/Guideline:

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-HT1 receptor agonists

OR

- The patient has a contraindication that would prohibit a trial of triptan 5-HT1 receptor agonists

AND

- The requested drug will not be used concurrently with another CGRP receptor antagonist
- Requests for Nurtec ODT and Zavzpret require that the patient has tried and failed, had an intolerance, or has a contraindication to Ubrelvy

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 60-day trials of any 2 of the following: A) Antiepileptic drugs (AEDs) (divalproex sodium, topiramate,



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Calcitonin Gene Related Peptide (CGRP) Receptor
Antagonist Oral_Nasal
(Nurtec ODT, Qulipta, Zavzpret, Ubrelvy)

Page: 3 of 4

Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Maryland
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

valproate sodium), B) Beta-adrenergic blocking agents (metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (amitriptyline, venlafaxine)

OR

- The patient experienced an intolerance or has a contraindication that would prohibit 60-day trials of any 2 of the following: A) Antiepileptic drugs (AEDs) (divalproex sodium, topiramate, valproate sodium), B) Beta-adrenergic blocking agents (metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (amitriptyline, venlafaxine)

AND

- The patient is unable to take Emgality 120mg, the preferred formulary alternative for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication

Approval Duration and Quantity Restrictions:

Approval:

- Nurtec ODT, Zavzpret, or Ubrelvy for acute treatment: 12 months
- Nurtec ODT or Qulipta for preventive treatment:
 - initial is 3 months and continuation is 12 months

Quantity Level Limit:

Nurtec ODT	16 orally disintegrating tablets/30 days
Qulipta	30 tablets/30 days
Ubrelvy	16 tablets/30 days
Zavzpret	6 nasal spray units per 3 weeks

References:

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc; February 2023.
2. Qulipta [package insert]. Madison, NJ: Allergan USA, Inc.; April 2023.
3. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; February 2023.
4. Zavzpret [package insert]. New York, NY: Pfizer Las Division of Pfizer Inc.; March 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 3, 2023.
6. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/03/2023).



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Calcitonin Gene Related Peptide (CGRP) Receptor
Antagonist Oral_Nasal
(Nurtec ODT, Qulipta, Zavzpret, Ubrelvy)

Page: 4 of 4

Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Maryland
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

7. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.
8. 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.
9. 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.
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* 2012;78;1337-1346.
11. 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
12. American Academy of Neurology. Update: Pharmacologic Treatments for Episodic Migraine Prevention in Adults. Available at: <https://www.aan.com/Guidelines/Home/GetGuidelineContent/545>. Accessed April 2023.