



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 checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida Kids	<input type="checkbox"/> Maryland
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input 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 or 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 episodic 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:

#### Preferred Agents:

NURTEC ODT

QULIPTA

UBRELVY

#### Non-Preferred Agent:

ZAVZPRET



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### 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

#### AND

- If the request is for Zavzpret, the patient is unable to take Nurtec ODT and Ubrelvy, the preferred formulary alternatives for the given diagnosis, due to a trial and inadequate treatment response or intolerance, or a contraindication.

#### OR

- The request is for Nurtec ODT or Qulipta being prescribed for the preventive treatment of episodic 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, valproate sodium), B) Beta-adrenergic blocking agents (metoprolol, propranolol, timolol, atenolol, nadolol), C) Antidepressants (amitriptyline, venlafaxine)

#### OR



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- 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)

### 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	50 tablets/365 days
Zavzpret	6 nasal spray units per 3 weeks

### References:

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3. Ubrelvy [package insert]. Madison, NJ: Allergan USA, Inc.; February 2023.
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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.