Mass General Brigham
Health Plan

Nurtec (rimegepant)
Reyvow (lasmiditan)
Ubrelvy (ubrogepant)
Qulipta (atogepant)
Zavzpret (zavegepant)
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Nurtec, Ubrelvy, Reyvow, and Zavzpret are FDA approved for the treatment of acute migraines in adults. Nurtec and Qulipta have 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). Zavzpret is available as a nasal solution

Coverage Guidelines
Authorization may be granted for members new to the plan 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** 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 **Qulipta** for members who meet all following criteria and documentation has been submitted:

1. The member is using medication for ONE of the following:
    a. Prevention of chronic migraine
    b. Prevention of episodic migraine
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, Reyvow** or **Zavzpret** 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. **For Zavzpret and Reyvow Only:** The member has had an inadequate response, intolerance or has a contraindication to Nurtec, Quilipta, and Ubrelvy

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
Zavzpret 10mg/actuation	6 nasal spray units per 18 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
6. Qulipta (atogepant) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2021.
7. Zavzpret (zavegepant) [prescribing information]. New York, NY: Pfizer Labs; March 2023.

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.
09/13/2023 – Reviewed and Updated for September P&T; Added new drug Zavzpret for the treatment of migraine headaches as non-preferred agent. Effective 11/1/23
10/11/2023 – Reviewed and Updated for October P&T; Removed requirement of Nurtec for Ubrelvy and Quilipta. Added trial of Nurtec, Quilipta, and Ubrelvy for Reyvow and Zavzpret. Effective 1/1/24