Market Applicability

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>NJ</th>
<th>NY</th>
<th>WA</th>
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</thead>
<tbody>
<tr>
<td>Applicable</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

# Ubrelvy (ubrogepant)

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
</tr>
<tr>
<td>Quantity Limit</td>
<td></td>
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<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ubrelvy (ubrogepant) 50 mg, 100 mg tablets</td>
<td>16 tablets per 30 days*</td>
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</tbody>
</table>

*For approval of up to a maximum of 32 – 50 mg tablets or 32 – 100 mg tablets per 30 days per rolling 30 days, the individual must meet the following criteria:

I. Individual has a diagnosis of migraine headaches; **AND**
II. Individual has had a previous trial and an inadequate response to **one** of the following daily preventive therapies (AAN/AHA 2012/2015, ICSI 2013):
   A. A tricyclic antidepressant [such as but not limited to amitriptyline, doxepin]; **OR**
   B. A beta blocker [such as but not limited to metoprolol tartrate, propranolol, timolol, atenolol, nadolol, nebivolol]; **OR**
   C. A calcium channel blocker [such as but not limited to nicardipine, verapamil]; **OR**
   D. An ACE inhibitor [such as but not limited to lisinopril]; **OR**
   E. An angiotensin receptor blocker (ARBs) [such as but not limited to candesartan]; **OR**
   F. An alpha-2 agonist [such as but not limited to guanfacine]; **OR**
   G. An antiepileptic [such as but not limited to divalproex sodium, sodium valproate, topiramate, carbamazepine, gabapentin]; **OR**
   H. Other select antidepressants [such as but not limited to venlafaxine]; **OR**
I. Cyproheptadine (Periactin).

**APPROVAL CRITERIA**

Requests for oral CGRP agents for acute migraine treatment (Ubrelvy [ubrogepant]) may be approved if the following criteria is met:

I. Individual has had a trial of and inadequate response or intolerance to **two** oral triptans; **OR**
II. Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:

**This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.**
A. Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina); OR
B. History of stroke or transient ischemic attack (TIA); OR
C. Peripheral vascular disease; OR
D. Ischemic bowel disease; OR
E. Uncontrolled hypertension.

Ubrelvy (ubrogepant) may not be approved for the following:

I. Individual is currently using a strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, clarithromycin).

Key References:
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.