

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Ubrelvy (ubrogepant)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ubrelvy (ubrogepant) 50 mg, 100 mg tablets	16 tablets per 30 days*

*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 nifedipine, 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** preferred oral triptans; **OR**

Preferred oral agents: naratriptan (generic Amerge), sumatriptan (generic Imitrex).

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- II. Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:
- 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.

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

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

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/. Updated January 2013.
6. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019; 59:1-18. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456>. Accessed November 26, 2019.
7. Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. *Expert Rev Neurother*. 2013; 13(9): 961-963. Available from <https://www.tandfonline.com/doi/pdf/10.1586/14737175.2013.832851>. Accessed April 5, 2019.
8. Ubrelyv (ubrogepant) [package insert]. Madison, NJ: Allergan USA, Inc.; 2019.

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.