Pharmacy Drug Policy & Procedure

Policy Name:	Acute CGRP Antagonist Therapies	Policy #:	2769P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of calcitonin gene-related peptide receptor (CGRP) antagonists used for acute migraine treatment including Nurtec ODT (rimegepant), Ubrelvy (ubrogepant), and Zavzpret (zavegepant).

Statement of the Policy

Health Alliance Medical Plans will approve the use of abortive CGRP antagonists when the following criteria have been met:

Criteria

1. Coverage Criteria for Nurtec/Ubrelvy

1.1 Diagnosis of moderate to severe migraine, with or without aura, according to the International Classification of Headache Disorders

1.2 Age 18 years or older

1.3 For patients with 4 or more migraine days per month, documentation that the member is on 1 supported migraine preventative therapy such as amitriptyline, nortriptyline, venlafaxine, duloxetine, topiramate, divalproex, metoprolol, Botox, etc. with claims history to support member compliance with filling at least a 90 day supply within a 120 day time frame

1.4 One of the following:

- Trial of at least two generic triptan therapies (almotriptan, rizatriptan, frovatriptan, others) with little to no relief of moderate/severe migraine symptoms, OR
- Contraindication to triptan therapy defined as one of the following:
  - History of stroke or transient ischemic attack
  - History of hemiplegic or basilar migraine
  - Peripheral vascular disease; ischemic bowel disease
  - Uncontrolled hypertension
  - Recent use (within 2 weeks) of MAO inhibitors
  - Recent use (within 24 hours) of treatment with another 5-HT_1 agonist, or an ergot-containing or ergot-type medication (e.g., methysergide, dihydroergotamine)
  - Ischemic coronary artery disease (angina pectoris, history of myocardial infarction, or documented silent ischemia)
  - Coronary artery vasospasm, including Prinzmetal variant angina, or other significant underlying cardiovascular disease
  - Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders
  - Patients with risk factors for coronary artery disease (CAD) such as hypertension, hypercholesterolemia, smoker, obesity, diabetes, strong family history of CAD, menopause, male > 40 years of age) in whom adequate cardiac evaluation has not ruled out CAD

2. Coverage Criteria for Zavzpret

2.1 Diagnosis of moderate to severe migraine, with or without aura, according to the International

Classification of Headache Disorders

2.2 Age 18 years or older

2.3 For patients with 4 or more migraine days per month; must be stable on at least 1 supported migraine preventative therapy such as amitriptyline, nortriptyline, venlafaxine, duloxetine, topiramate, divalproex, metoprolol, Botox, etc.

2.4 Trial of at least one oral triptan AND sumatriptan nasal spray with little to no relief of migraine symptoms

- Accepted contraindications to triptan therapy are described above
- Bypass oral triptan trial if documentation supports nausea/vomiting with migraines

3. Managed Dose Limit

3.1 Approval will be for 1 package of the requested product to be filled per 30 days

- Nurtec ODT: 1 box = #8 tablets/30 days
- Ubrelvy: 1 box = #10 tablets/30 days
- Zavzpret: 1 box = #6 actuations/30 days

3.2 We may approve an increase in these quantities if your provider shows:

- A headache diary that shows you need an increased amount
- Notes that show you take your preventive therapy regularly

- Nurtec ODT FDA maximum: #18 tablets/30 days
- Ubrelvy FDA maximum: #16 tablets/30 days
- Zavzpret FDA maximum: #8 actuations/30 days

4. Exclusions

4.1 Abortive CGRP antagonists will not be approved if being used in combination with another calcitonin gene- related peptide (CGRP) inhibitor such as Aimovig, Emgality, or Vyepti.

4.2 Abortive CGRP antagonists will not be approved if being used in combination with Reyvow (lasmiditan)

5. Approval Period

5.1 Initial Approval: 12 months

5.2 Subsequent Approvals: 12 months with a positive response to therapy (reduction in pain, or light and noise sensitivity)

CPT Codes

HCPCS Codes

References

1. Ubrelvy (ubrogepant) [prescribing information]. Madison, NJ: Allergan USA Inc; June 2023.
2. Olesen J, Bolay H, et al. The International Classification of Headache Disorders, 3rd edition. Cephalagia. 2018;38(1): 1-211.
3. Nurtec ODT (rimegepant) [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals Inc; April 2023.
4. Zavzpret (zavegepant) [prescribing information]. New York, NY: Pfizer Labs; March 2023.
5. Ailani J, Burch RC, Robbins MS; Board of Directors of the American Headache Society. The American Headache Society consensus statement: update on integrating new migraine treatments into clinical practice. Headache. 2021;61(7):1021-1039.

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DISCLAIMER
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