

**rimegepant (NURTEC ODT)
ubrogepant (UBRELVY)**

Diagnosis Considered for Coverage:

- Prevention of Migraine Headache (MHA) – Nurtec ODT only
- Treatment of Migraine Headache (MHA) – Ubrelvy and Nurtec ODT

Coverage Criteria:

For Nurtec and Ubrelvy and treatment of MHA:

- Being used to treat acute migraine headaches, and
- Patient is at least 18 years old, and
- Inadequate response, intolerable side effect, or contraindication with ONE preferred triptan including naratriptan (Amerge), sumatriptan (Imitrex), rizatriptan (Maxalt), and zolmitriptan (Zomig), and
- Dose does not exceed 16 tablets per 30 days.

For Nurtec and prevention of MHA:

- Being used for prevention of migraine, and
- Patient is at least 18 years old, and
- Patient experiences at least 4 migraine headache days per month, and
- One of the following:
 - Inadequate response or intolerance to ONE prophylactic drug from the following drug classes: beta-blockers, antidepressants, and anticonvulsants, or
 - Patient has a contraindication to ALL AAN supported (level A and B) migraine prophylactic drugs: amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, timolol, divalproex sodium, valproic acid, and topiramate, and
- Dose does not exceed 16 tablets per 30 days.

Coverage Duration: one year

Effective Date: 11/29/2023