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**Prior Authorization
 Migraine – Ubrelvy® (ubrogepant tablets)**

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Product Identifier(s)

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INSTRUCTIONS FOR USE

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National Formulary Medical Necessity

Cigna covers ubrogepant (Ubrelvy®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Ubrelvy. All approvals are provided for the duration noted below.

FDA Indication(s)

1. **Migraine, Acute Treatment.** Approve for 1 year if the individual meets the following criteria (A and B):
 - A) Individual is ≥ 18 years of age; AND
 - B) Individual meets ONE of the following (i or ii):
 - i. Individual has tried at least one triptan therapy; OR
 - ii. Individual has a contraindication to triptan(s) according to the prescriber.

Note: Examples of contraindications to triptans include a history of coronary artery disease; cardiac accessory conduction pathway disorders; history of stroke, transient ischemic attack, or hemiplegic

or basilar migraine; peripheral vascular disease; ischemic bowel disease; uncontrolled hypertension; or severe hepatic impairment.

Conditions Not Covered

Ubrogepant (Ubrelyv[®]) is considered experimental, investigational or unproven for ANY other use.

Background

Overview

Ubrelyv, a calcitonin gene-related peptide receptor antagonist, is indicated for the **acute treatment of migraine headache** with or without aura in adults.¹ Limitations of Use: Ubrelyv is not indicated for the preventive treatment of migraine.

Disease Overview

Migraine is a common, ongoing condition marked by paroxysmal, unilateral attacks of moderate to severe throbbing headache which are aggravated by routine physical activity (e.g., walking or climbing stairs) and associated with nausea, vomiting, and/or photophobia and phonophobia.² Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for more than 3 months, which has the features of migraine headache on ≥ 8 days/month. Episodic migraine is characterized by headaches that occur < 15 days/month.³

Guidelines

Triptans (e.g., almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan) are considered the gold standard for acute treatment of moderate to severe migraine headaches or mild to moderate migraine headaches that respond poorly to over-the-counter analgesics. An assessment of the preventive and acute treatment of migraine by the American Headache Society (2018; updated 2021) reaffirms previous migraine guidelines.^{4,5} The update lists the triptans, dihydroergotamine, the oral gepants (Nurtec[®] ODT [rimegepant orally disintegrating tablets,] and Ubrelyv[®] [ubrogepant tablets]), and Reyvow[®] (lasmiditan tablets) as effective treatments for moderate or severe acute migraine attacks and mild to moderate attacks that respond poorly to nonsteroidal anti-inflammatory drugs, non-opioid analgesics, acetaminophen, or caffeinated combinations (e.g., aspirin + acetaminophen + caffeine). The recommendation remains that clinicians must consider medication efficacy and potential medication-related adverse events when prescribing acute medications for migraine.

References

1. Ubrelyv[®] tablets [prescribing information]. Madison, NJ: Allergan; March 2021.
2. Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 3rd edition. *Cephalalgia*. 2018;38(1):1-211.
3. Lipton RB, Silberstein SD. Episodic and chronic migraine headache: breaking down barriers to optimal treatment and prevention. *Headache*. 2015;52:103-122.
4. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
5. Ailani J, Burch RC, Robbins MS, on behalf of the 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.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	No criteria changes.	02/15/2023

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