Clinical Policy Title:	ubrogepant
Policy Number:	RxA.630
Drug(s) Applied:	Ubrelvy®
Original Policy Date:	05/21/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Ubrelvy® is a calcitonin gene-related peptide receptor (CGRP) antagonist indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use: Ubrelvy® is not indicated for the preventive treatment of migraine.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
ubrogepant (Ubrelvy®)	Acute treatment of migraine with or without aura in adults	50 mg or 100 mg PO once as needed; a second dose may be taken at least 2 hours after the initial dose. Severe renal impairment (CrCl 15-29 mL/min) or severe hepatic impairment (Child-Pugh Class C): 50 mg PO once as needed; a second 50 mg dose may be taken at least 2 hours after the initial dose.	200 mg in 24-hour period

Dosage Forms

- Tablets: 50 mg, 100 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Migraines (must meet all):

1. Diagnosis of migraine headaches;
2. Age ≥ 18 years;
3. Failure of at least two preferred generic $5HT_{1B/1D}$-agonist migraine medications (e.g., sumatriptan, rizatriptan, zolmitriptan, etc.) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
4. Ubrelvy® is not prescribed concurrently with strong CYP3A4 inhibitors;

5. Requested quantity does not exceed 16 tablets per 30 days;
6. If requested quantity is greater than 16 tablets over 30 days, member must meet one of the following (a or b):
   a. Failure of two prophylactic migraine medications unless contraindicated, from at least two different categories, each consisting of a 3-month trial *(see Appendix B)*;
   b. Patient is being treated by or in consultation with a neurologist or a headache specialist;

Approval Duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. Migraines (must meet all):

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new quantity does not exceed 16 tablets per 30 days;
4. If requested quantity is greater than 16 tablets over 30 days, member must meet one of the following (a or b):
   a. Failure of two prophylactic migraine medications unless contraindicated, from at least two different categories, each consisting of a 3-month trial *(see Appendix B)*;
   b. Patient is being treated by or in consultation with a neurologist or a headache specialist;

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
CGRP: calcitonin gene-related peptide
CrCl: creatinine clearance
CYP3A4: cytochrome P450 Family 3 Subfamily A Member 4
PO: oral
5-HT: serotonin
AAN: American Academy of Neurology

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose/Level of Evidence*
Abortive Migraine Therapy		
Triptans		
naratriptan (Amerge®)	One tablet (1 or 2.5 mg) PO at onset; can be repeated in 4 hours	5 mg/day

Drug Name	Dosing Regimen	Maximum Dose/Level of Evidence*
almotriptan maleate	6.25 to 12.5 mg PO once daily May repeat dose in 2 hours	25 mg/day
frovatriptan (Frova®)	2.5 mg PO once daily May repeat dose in 2 hours	7.5 mg/day
sumatriptan (Imitrex® nasal spray)	One spray (5 to 20 mg) at onset into one nostril; can be repeated in 2 hours	40 mg/day
sumatriptan (Imitrex®)	One tablet (25 to 100 mg) PO at onset; can be repeated in 2 hours	200 mg/day
rizatriptan (Maxalt® /Maxalt MLT®)	One tablet (5 or 10 mg) PO at onset of migraine headache; can be repeated in 2 hours	30 mg/day
eletriptan (Relpax®)	20 or 40 mg PO once daily May repeat dose in 2 hours	40 mg/dose 80 mg/day
zolmitriptan (Zomig®/Zomig® ZMT)	1.25 or 2.5 mg PO once daily May repeat dose in 2 hours	5 mg/dose 10 mg/day
Prophylactic Migraine Therapy		
Antiepileptic Drugs**		
divalproex sodium (Depakote®)	500 to 1,000 mg/day PO	Level A (AAN; AHS)
divalproex sodium ER (Depakote® ER)	500 to 1,000 mg/day PO	Level A (AAN; AHS)
topiramate (Topamax®)	100 mg/day PO	Level A (AAN; AHS)
Beta-Blockers		
metoprolol (Lopressor®)	200 mg/day PO	Level A (AAN; AHS)
timolol	20 to 30 mg/day PO	Level A (AAN; AHS)
atenolol (Tenormin®)	100 mg/day PO	Level B (AAN; AHS)
nadolol (Corgard®)	80 to 240 mg/day PO	Level B (AAN; AHS)

Drug Name	Dosing Regimen	Maximum Dose/Level of Evidence*
Serotonin Reuptake Inhibitors		
venlafaxine XR (Effexor XR®)	150 mg/day PO	Level B (AAN; AHS)
Tricyclic Antidepressants		
amitriptyline	30 to 150 mg/day PO	Level B (AAN; AHS)
CGRP Inhibitors**		
erenumab (Aimovig®)	70 mg SC once a month; may be increased to 140 mg SC once a month	140 mg/month
fremanezumab (Ajovy®)	225 mg SC once a month or 675 mg SC every 3 months	225 mg/month or 675 mg/3 months
galcanezumab (Emgality®)	240 mg SC as a single loading dose, followed by 120 mg SC once a month	120 mg/month

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**American Headache Society (AHS) 2018, American Academy of Neurology (AAN) 2012: Level A: established efficacy, Level B: probably effective, Level C: possibly effective.*
***FDA approved.*

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Concomitant use with strong CYP3A4 inhibitors.

- Boxed Warning(s):
  - None

APPENDIX D: General Information

The AAN and the National Headache Foundation recommend that prophylactic migraine medications should be considered if one or more of the following are present:

- Greater than 2 migraine headaches per week
- Migraines cause significant impairment in daily routine even with abortive treatment.
- Contraindication to, adverse effects, overuse or failure of abortive migraine medications, presence of uncommon migraine condition (e.g., basilar migraine)
- Patient requesting prophylactic therapy.

References

1. Ubrelvy® Prescribing Information. Madison, NJ; Allergan USA, Inc.; June 2020. Available at: https://www.ubrelvyhcp.com/. Accessed February 18, 2021.
2. Mayans L, Walling A. Acute Migraine Headache: Treatment Strategies. Am Fam Physician. 2018;97(4):243-251. February 18, 2021.
3. Updated: Pharmacologic Treatment for Episodic Megraine Prevention in Adults. American Academy of Neurology.

https://www.aan.com/Guidelines/Home/GuidelineDetail/536. Published April 2012. Updated July 2015. Accessed February 18, 2021.
4. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. Headache. 2019; 59:1-18. Accessed February 18, 2021.
5. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Accessed with subscription at: http://www.clinicalkey.com. Updated January 14, 2020. Accessed February 18, 2021.
6. Ubrogepant, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: http://online.lexi.com. Accessed February 18, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	05/10/2020	05/21/2020
Policy was reviewed: 1. Policy title table was updated. 2. Background was updated for simplification. 3. Continued therapy approval criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance…”. 4. Appendix A was updated for accuracy. 5. Appendix B fortherapeutic Alternatives was updated to add CGRP antagonists 6. Appendix C contraindications was updated. 7. References were updated.	02/18/2021	03/09/2021