Clinical Policy Title:	rimegepant
Policy Number:	RxA.717
Drug(s) Applied:	Nurtec® ODT
Original Policy Date:	12/07/2021
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Episodic migraine prophylaxis (must meet all)**:**

1. Diagnosis of episodic migraine defined as 4 to 14 migraine headache days per month;
2. Trial of at least 2 months of two (2) of the following preventative therapies from different mechanisms of action, unless contraindicated or adverse effects are experienced:
    a. Candesartan;
    b. Antiepileptics: divalproex sodium, valproic acid, topiramate;
    c. Beta-blockers: atenolol, metoprolol, nadolol, propranolol, timolol;
    d. Antidepressants: amitriptyline, duloxetine, nortriptyline, venlafaxine;
3. Medication is not prescribed in combination with Botox;
4. Medication is not prescribed in combination with other CGRP inhibitors used for migraine prophylaxis*.
   *Medication may be prescribed concurrently with other CGRP inhibitors used for acute migraine treatment.

Approval Duration

All Lines of Business (except Medicare): 12 months

B. Acute treatment of migraine (must meet all)**:**

1. Diagnosis of acute migraine;
2. Trial of at least two (2) triptans (e.g., eletriptan, rizatriptan, sumatriptan), unless contraindicated or adverse effects experienced;
3. Medication is not prescribed in combination with other CGRP inhibitors used for acute migraine treatment*.
   *Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Episodic migraine prophylaxis (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria;
2. Medication is not prescribed in combination with Botox;
3. Medication is not prescribed in combination with other CGRP inhibitors used for migraine prophylaxis*.

*Medication may be prescribed concurrently with other CGRP inhibitors used for acute migraine treatment.

Approval Duration
All Lines of Business (except Medicare): 12 months

B. Acute treatment of migraine (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria;
2. Medication is not prescribed concurrently with other CGRP inhibitors used for acute migraine treatment*.

*Medication may be prescribed concurrently with other CGRP inhibitors used for migraine prophylaxis
Approval Duration
All Lines of Business (except Medicare): 12 months

References

1. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache*. 2024. Available at: https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.14692. Accessed August 12, 2024.
2. Ailani J, Burch RC, Robbins MS; 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. https://headachejournal.onlinelibrary.wiley.com/action/showCitFormats?doi=10.1111%2Fhead.14153. Accessed August 12, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/26/2021	12/07/2021
Policy was reviewed: 1. Initial Approval Criteria, I.A.3: "Member must experience (a or b): a. at least 4 headaches per month or; b. at least 8 headache days per month;" was replaced with Member does not have chronic migraine, defined as ≥ 15 headache days/month with ≥ 8 migraine days/month for at least 3 months; 2. Initial Approval Criteria, I.A.8: Updated to include new combination therapy criteria Nurtec® ODT is not prescribed concurrently with other CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®, Qulipta™, Ubrelvy®, Vyepti™); 3. Initial Approval Criteria: I.B.3: Updated to remove Member experiences between 4 and 14 headache days per month. 4. Initial Approval Criteria I.B.5: Updated to remove "Member must currently be treated with one of the following preventative treatments, unless previously ineffective,	09/08/2022	10/19/2022

contraindicated, or clinically significant adverse effects are experienced (a, b, or c): a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine);" 5. Initial Approval Criteria, I.B.7: Updated to include new combination therapy criteria Nurtec® ODT is not prescribed concurrently with other CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®, Qulipta™, Ubrelvy®, Vyepti™) 6. Continued Therapy Approval Criteria II.A.3: Updated to include new combination therapy Nurtec® ODT is not prescribed concurrently with other CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®, Qulipta™, Ubrelvy®, Vyepti™); 7. Continued Therapy Approval Criteria II.B.3: updated to include new combination therapy Nurtec® ODT is not prescribed concurrently with other CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®, Qulipta™, Ubrelvy®, Vyepti™).		
Policy was reviewed: 1. Initial Approval Criteria I.A.7 and Continued Therapy Approval II.A.3: Updated to remove Ubrelvy®) as it is not indicated for migraine prophylaxis. 2. Initial Approval Criteria I.B.4 and Continued Therapy Approval II.B.4: Updated to remove Aimovig®, Ajovy®, Emgality®, Qulipta™, Vyepti as they are not indicated for acute treatment. 3. Duration for Initial Approval criteria for all indications updated to 6 months. 4. Duration for Continued Therapy Approval criteria for all indications updated to 12 months.	01/06/2023	01/17/2023
Policy was reviewed: 1. Clinical Policy Title, Lines of Business Policy Applies to: Updated from All line of Business to All lines of business (except Medicare). 2. Initial Approval Criteria, I.A.1: Updated diagnostic criteria from Diagnosis of episodic migraine to Diagnosis of episodic migraine defined as 4 to 14 migraine headache days per month. 3. Initial Approval Criteria, I.A.2 and I.B.2: Updated	07/11/2023	07/13/2023

to remove prior age criteria "Age ≥ 18 years". 4. Initial Approval Criteria, I.A.2.a: Rephrased prior trial and failure criteria and included new therapy drug, Candesartan. 5. Initial Approval Criteria, I.A.3: Updated to remove prior diagnostic criteria "Member does not have chronic migraine, defined as ≥ 15 headache days/month with ≥ 8 migraine days/month for at least 3 months". 6. Initial Approval Criteria, I.A.3: Updated to include new prescribing criteria Medication is not prescribed in combination with Botox. 7. Initial Approval Criteria, I.A.4: Updated to remove prior diagnostic criteria "Member experiences ≥ 4 migraine days per month for at least 3 months". 8. Initial Approval Criteria, I.A.4 and I.B.4: Updated to include new prescribing criteria Medication is not prescribed in combination with other CGRP inhibitors used for migraine prophylaxis*; *Medication may be prescribed concurrently with other CGRP inhibitors used for acute migraine treatment. 9. Initial Approval Criteria, I.A.6: Updated to remove prior disease history criteria "Member does not have a history of cardiovascular disease (hypertension, ischemic heart disease), neurological disease, or cerebrovascular disease". 10. Initial Approval Criteria, I.A.7: Updated to remove prior concurrent therapy criteria "Nurtec® ODT is not prescribed concurrently with other CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®, Qulipta™, Vyepti™)". 11. Initial Approval Criteria, I.A & I.B: Updated Approval duration from 6 to 12 months for Commercial and Medicaid. 12. Initial Approval Criteria, I.B.1: Updated diagnostic criteria from Diagnosis of acute migraine with or without aura to Diagnosis of acute migraine. 13. Continued Therapy Approval Criteria, II.A: Updated to remove approval criteria for Episodic migraine prophylaxis. 14. Continued Therapy Approval Criteria, II.A: Updated to include approval criteria for indication, Episodic migraine prophylaxis. 15. Continued Therapy Approval Criteria, II.B:		

Updated to remove approval criteria for Acute treatment of migraine with or without aura. 16. Continued Therapy Approval Criteria, II.B: Updated to include approval criteria for indication, Acute treatment of migraine.		
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. References were reviewed and updated. 2. Removed reauthorization requirement for positive response to therapy. 3. Updated trial and failure drugs for prophylaxis.	12/05/2024	12/05/2024