

Clinical Policy Title:	rimegepant
Policy Number:	RxA.717
Drug(s) Applied:	Nurtec® ODT
Original Policy Date:	12/07/2021
Last Review Date:	10/19/2023
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, unless contraindicated or adverse effects are experienced:
 - a. Candesartan;
 - b. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate);
 - c. beta-blockers (e.g., metoprolol, propranolol, timolol);
 - d. antidepressants (e.g., amitriptyline, 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

Commercial: 12 months

Medicaid: 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

Commercial: 12 months

Medicaid: 12 months

II. Continued Therapy Approval

A. Episodic migraine prophylaxis (must meet all):

1. Member is currently receiving medication, excluding manufacturer samples;
2. Member has experienced and maintained positive response to therapy;
3. Medication is not prescribed in combination with Botox;

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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

Commercial: 12 months

Medicaid: 12 months

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

1. Member is currently receiving medication, excluding manufacturer samples;
2. Member has experienced and maintained positive response to therapy
3. 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

Commercial: 12 months

Medicaid: 12 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/26/2021	12/07/2021
Policy was reviewed: <ol style="list-style-type: none"> 1. Initial Approval Criteria, I.A.3: “Member must experience (a or b): <ol style="list-style-type: none"> 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®, Vypti™); 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, contraindicated, or clinically significant adverse effects are experienced (a, b, or c): <ol style="list-style-type: none"> a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, 	09/08/2022	10/19/2022

<p>timolol); c. antidepressants (e.g., amitriptyline, venlafaxine);”</p> <p>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™)</p> <p>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™);</p> <p>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™).</p>		
<p>Policy was reviewed:</p> <p>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.</p> <p>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.</p> <p>3. Duration for Initial Approval criteria for all indications updated to 6 months.</p> <p>4. Duration for Continued Therapy Approval criteria for all indications updated to 12 months.</p>	01/06/2023	01/17/2023
<p>Policy was reviewed:</p> <p>1. Clinical Policy Title, Lines of Business Policy Applies to: Updated from All line of Business to All lines of business (except Medicare).</p> <p>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.</p> <p>3. Initial Approval Criteria, I.A.2 and I.B.2: Updated to remove prior age criteria "Age ≥ 18 years".</p> <p>4. Initial Approval Criteria, I.A.2.a: Rephrased prior trial and failure criteria and included new therapy drug, Candesartan.</p> <p>5. Initial Approval Criteria, I.A.3: Updated to</p>	07/11/2023	07/13/2023

<p>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".</p> <ol style="list-style-type: none"> 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. 		
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Policy was reviewed.	10/19/2023	10/19/2023
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