Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Migraines are a common episodic disorder that are described as a severe headache with or without aura that can be associated with nausea and/or light and sound sensitivity. Currently, it is assumed that migraines are caused by a primary neuronal dysfunction that leads to changes in both intracranial and extracranial regions. It is a disorder that affects up to 12% of the general population and women more frequently than men. Although not fatal, migraines are a major cause of disability and are often intolerable. The following agents are all indicated for the acute treatment of migraine with or without aura in adults. Nurtec® ODT (rimegepant) and Ubrevly® (ubrogepant) are calcitonin gene-related peptide (CGRP) receptor antagonists that block pain signaling, vasodilation, and neurogenic inflammatory response. In May 2021, Nurtec became the first oral CGRP to gain the additional indication of preventive treatment of episodic migraine in adults. Reyvow® (lasmiditan) is a serotonin (5-HT) receptor agonist whose exact mechanism of action is unknown. It is recommended for participants to wait at least 8 hours after taking lasmiditan before driving or operating heavy machinery. In early 2021, the American Headache Society (AHS) published a Consensus Statement on migraines. Although triptans continue to be the mainstay of migraine treatment, the three agents in this class may be considered for moderate-to-severe attacks and mild-to-moderate attacks that poorly respond to non-specific therapy.

Total program savings for the PDL classes will be regularly reviewed.

**Program-Specific Information:**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurtec® ODT</td>
<td>Reyvow®</td>
</tr>
<tr>
<td>Ubrelvy®</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Criteria:**

- ☑ Increased risk of ADE
- ☑ Preferred Drug List
- ☑ Appropriate Indications
- ☐ Clinical Edit

**Data Sources:**

- ☐ Only Administrative Databases
- ☑ Databases + Prescriber-Supplied
Setting & Population

- Drug class for review: Anti-Migraine, Alternative Oral Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Adequate therapeutic trial of 2 triptan agents at up to maximally indicated doses, unless contraindicated (i.e., ischemic heart disease, stroke) or clinically significant adverse effects are experienced AND
- Documented diagnosis of migraines AND
- Participants aged 18 years or older AND
- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  - Documented trial period of preferred agents OR
  - Documented ADE/ADR to preferred agents AND
- For Nurtec ODT:
  - When used for migraine prevention: adequate therapeutic trial of 2 injectable CGRP inhibitors
- For Reyvow and Ubrely:
  - Adequate therapeutic with 2 prophylactic options from 2 different categories including:
    - Anticonvulsants – divalproex, valproate, topiramat
    - Antidepressants – amitriptyline, venlafaxine
    - Beta blockers – atenolol, metoprolol, nadolol, propranolol, timolol
    - Injectable CGRPs inhibitors

Denial Criteria

- Lack of adequate trial on required preferred agents
- For Nurtec and Reyvow: absence of severe hepatic impairment (Child-Pugh C)
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitations for the following:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURTEC ODT 75MG</td>
<td>RIMEGEPANT</td>
<td>8 tablets per 30 days*</td>
</tr>
<tr>
<td>UBRELYV 50MG</td>
<td>UBBROGEPANT</td>
<td>10 tablets per 30 days</td>
</tr>
<tr>
<td>UBRELYV 100MG</td>
<td>UBBROGEPANT</td>
<td>10 tablets per 30 days</td>
</tr>
<tr>
<td>REYVOW 50MG</td>
<td>LASMIDITAN</td>
<td>4 tablets per 30 days</td>
</tr>
<tr>
<td>REYVOW 100MG</td>
<td>LASMIDITAN</td>
<td>8 tablets per 30 days</td>
</tr>
</tbody>
</table>

*Up to 18 tablets per month will be allowed for migraine prevention when approval criteria is met

Required Documentation

- Laboratory Results: 
- Progress Notes: 
- MedWatch Form: 
- Other: 

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL
Default Approval Period

6 months

References

- USPDI, Micromedex; 2021.
- Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.