



## PRIOR AUTHORIZATION POLICY

- POLICY:** Migraine – Nurtec ODT Prior Authorization Policy
- Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Biohaven)

**REVIEW DATE:** 02/28/2024

### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

### **CIGNA NATIONAL FORMULARY COVERAGE:**

#### **OVERVIEW**

Nurtec ODT, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated in adults for the following uses:<sup>1</sup>

- **Acute treatment of migraine** with or without aura.
- **Preventive treatment of episodic migraine.**

#### **Disease Overview**

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

#### **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.<sup>2</sup> An assessment of the preventive and acute treatment of migraine by the American Headache Society (2018; updated 2021) reaffirms previous migraine guidelines.<sup>3,4</sup> Nurtec ODT is not addressed for its preventive treatment of episodic migraine indication in the guideline. The update lists the triptans, dihydroergotamine, the oral gepants (Nurtec ODT and Ubrelvy® [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).

Patients with migraine should be considered for preventive treatment when attacks significantly interfere with patients' daily routines despite acute treatment; frequent attacks ( $\geq 4$  monthly headache days); contraindication to, failure, overuse, or adverse events with acute treatments; or patient preference.<sup>3,4</sup> Before developing a preventive treatment plan, the appropriate use of acute treatments should be initiated and coupled with education and lifestyle modifications. All patients with migraine should be offered a trial of acute treatment. Based on the level of evidence for efficacy and the American Academy of Neurology scheme for classification of evidence, the following oral medications have established efficacy and should be offered for migraine prevention: antiepileptic drugs (**divalproex sodium, valproate sodium, topiramate** [not for women of childbearing potential without a reliable method of birth control]); beta-blockers (**metoprolol, propranolol, timolol**); and **frovatriptan** (for short-term preventive treatment of menstrual migraine). The following treatments are probably effective and should be considered for migraine prevention: antidepressants (**amitriptyline, venlafaxine**); beta-blockers (**atenolol, nadolol**); and angiotensin receptor blockers (**candesartan**). Additionally, the following treatments are possibly effective and can be considered for migraine prevention: calcium channel blockers (e.g., **verapamil**) and angiotensin converting enzyme inhibitors (e.g., **lisinopril**).<sup>10,11</sup>

## **POLICY STATEMENT**

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

- **Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Biohaven)**

**is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):**

### **FDA-Approved Indications**

- 1. Migraine, Acute Treatment.** Approve for 1 year if the patient meets the following (A and B):  
**A)** Patient is  $\geq 18$  years of age; AND

**B)** Patient meets ONE of the following (i or ii):

- i.** Patient has tried at least one triptan therapy; OR
- ii.** Patient 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.

**2. Preventive Treatment of Episodic Migraine.** Approve for 1 year if the patient meets the following (A, B, C, D, and E):

**A)** Patient is  $\geq$  18 years of age; AND

**B)** Patient has  $\geq$  4 and  $<$  15 migraine headache days per month (prior to initiating a migraine-preventive medication); AND

**C)** Patient has tried at least two standard prophylactic (preventive) pharmacologic therapies, each from a different pharmacologic class; AND

Note: Standard prophylactic (preventive) pharmacologic therapies include angiotensin receptor blocker, anticonvulsant, beta-blocker, tricyclic antidepressant, other antidepressant. A patient who has already tried an oral or injectable calcitonin gene-related peptide (CGRP) inhibitor indicated for the prevention of migraine or Botox (onabotulinumtoxinA injection) for the prevention of migraine is not required to try two standard prophylactic pharmacologic therapies.

**D)** Patient meets ONE of the following (i, ii, or iii):

**i.** Patient has had inadequate efficacy to both of those standard prophylactic (preventive) pharmacologic therapies, according to the prescriber; OR

**ii.** Patient has experienced adverse event(s) severe enough to warrant discontinuation of both of those standard prophylactic (preventive) pharmacologic therapies, according to the prescriber; OR

**iii.** Patient has had inadequate efficacy to one standard prophylactic (preventive) pharmacologic therapy and has experienced adverse event(s) severe enough to warrant discontinuation of another standard prophylactic (preventive) pharmacologic therapy, according to the prescriber; AND

**E)** If the patient is currently taking Nurtec ODT, patient has had a significant clinical benefit from the medication as determined by the prescriber.

Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time that Nurtec ODT was initiated.

### **CONDITIONS NOT COVERED**

- **Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Biohaven)**

**is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

**1. Concurrent use with another calcitonin gene-related peptide (CGRP) inhibitor being prescribed for migraine headache prevention if Nurtec ODT is being taken for the preventive treatment of episodic migraine.**

**Note:** Examples of CGRP inhibitors that are indicated for migraine headache prevention include Aimovig (erenumab-aooe subcutaneous injection), Ajoovy (fremanezumab-vfrm subcutaneous injection), Emgality (galcanezumab-gnlm subcutaneous injection), Vyepti (eptinezumab-jjmr intravenous infusion), Nurtec ODT (rimegepant sulfate orally disintegrating tablets), and Qulipta (atogepant tablets). Aimovig, Ajoovy, Emgality, and Vyepti are injectable CGRP inhibitors for migraine prevention and have not been studied for use in combination with another agent in the same class.<sup>5-8</sup> Qulipta is an oral CGRP inhibitor for the preventive treatment of migraine in adults.<sup>9</sup> The clinical trial of Nurtec ODT for the preventive treatment of episodic migraine did not allow the use of a concomitant medication that acts on the CGRP pathway.<sup>1</sup>

**REFERENCES**

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3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache.* 2019;59:1-18.
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5. Aimovig® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; October 2022.
6. Ajoovy® subcutaneous injection [prescribing information]. North Wales, PA: Teva; September 2021.
7. Emgality® subcutaneous injection [prescribing information]. Indianapolis, IN: Lilly; May 2022.
8. Vyepti® intravenous infusion [prescribing information]. Bothell, WA: Lundbeck; October 2022.
9. Qulipta® tablets [prescribing information]. Madison, NJ: AbbVie; April 2023.
10. Micromedex. Merative LP. Available at: <https://www.micromedexsolutions.com/>. Accessed on February 8, 2024. Search terms: lisinopril, verapamil.
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**HISTORY**

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	<b>Preventive Treatment of Episodic Migraine:</b> Angiotensin converting enzyme inhibitor and calcium channel blocker were removed from the Note listing examples of standard prophylactic (preventive) pharmacologic therapies.	02/15/2023
Selected Revision	<b>Preventive Treatment of Episodic Migraine:</b> The note with standard prophylactic (preventive) pharmacologic therapies was changed to remove "Examples of" and to include the statement: A patient who has already tried an oral or injectable calcitonin gene-related peptide (CGRP) inhibitor indicated for the prevention of migraine or Botox (onabotulinumtoxinA injection) for the prevention of migraine is not required to try two standard prophylactic pharmacologic therapies.	08/02/2023
Annual Revision	No criteria changes.	02/28/2024

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