



Drug Quantity Management – Per Rx Migraine – Other Acute Medications

Table of Contents

National Formulary Medical Necessity	1
Conditions Not Covered.....	3
Background.....	3
References	3
Revision History	3

Product Identifier(s)

Effective through 12/31/2022: 98691
Effective 1/1/2023: 109603

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. 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.

National Formulary Medical Necessity

Drugs Affected

- Nurtec™ ODT (rimegepant orally disintegrating tablet)
- Reyvow® (lasmiditan tablets)
- Ubrelvy® (ubrogepant tablets)

This Drug Quantity Management program has been developed to prevent the stockpiling misuse and/or overuse of acute migraine medications. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. Approvals are provided for the duration noted below.

Drug Quantity Limits

Drug Name	Dosing	Availability	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Nurtec™ ODT (rimegepant orally disintegrating tablet)	<p><u>Acute migraine treatment:</u> 75 mg (1 tablet) per 24 hours.</p> <p><u>For preventative treatment of episodic migraine:</u> 75 mg (1 tablet) every other day.</p> <p>The safety of using more than 18 doses in a 30-day period has not been established.</p>	75 mg orally-disintegrating tablets Each box contains a blister pack of 8 tablets.	16 tablets (2 boxes)	48 tablets (6 boxes)
Reyvow® (lasmiditan tablet)	<p>Recommended dose is 50 mg, 100 mg, or 200 mg as needed. No more than one dose should be taken in 24 hours. A second dose has not been shown to be effective for the same migraine attack. The maximum dose is 200 mg per 24 hours.</p> <p>The safety of treating an average of more than 4 migraine attacks in a 30-day period has not been established</p>	50 mg tablets Each box contains 8 tablets.	8 tablets (1 box)	24 tablets (3 boxes)
		100 mg tablets Each box contains 8 tablets.	8 tablets (1 box)	24 tablets (3 boxes)
Ubrelvy® (ubrogepant tablet)	<p>Recommended dose is 50 mg or 100 mg. If needed, a second dose may be taken ≥ 2 hours after the initial dose. Maximum dose is 200 mg per 24 hours.</p> <p>The safety of treating more than 8 migraines in a 30-day period has not been established.</p>	50 mg tablets Each packet contains one tablet and each box contains 10 packets.	10 tablets (1 box)	30 tablets (3 boxes)
		100 mg tablets Each packet contains 1 tablet and each box contains 10 packets.	10 tablets (1 box)	30 tablets (3 boxes)

Cigna covers quantities as medically necessary when the following criteria are met:

Nurtec ODT

No overrides recommended.

Reyvow 50 mg tablets

No overrides recommended.

Reyvow 100 mg tablets

No overrides recommended.

Ubrelvy 50 mg and 100 mg tablets

No overrides recommended.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Nurtec ODT, Reyvow, and Ubrelvy are all indicated for the **acute treatment of migraine** with or without aura in adults.¹⁻³ In addition, Nurtec ODT is also indicated for the preventive treatment of episodic migraine in adults.²

Dosing and Availability

Refer to the Drug Quantity Limits table below for dosing and availability information.

Other Information

Use of acute medications for migraine can potentially lead to medication-overuse headache (generally defined as use for 10 or more days per month for 3 months or more), therefore, they are not intended for regular use.⁴ Guidelines for the management of migraine headache recommend limiting acute (abortive) therapy to less than 2 days per week on a regular basis or 8 treatment days per month. If patients require abortive therapies more frequently, then re-evaluation of the diagnosis and assessment for the use of preventive therapy may be needed.

In general, the quantity limits provided are adequate for one package per co-payment at retail or three packages per co-payment at home delivery. The quantity limit is specific to a chemical entity within the same dosage form. Of note, conventional tablets and orally-disintegrating tablets are considered the same dosage form for these purposes.

References

1. Ubrelvy® tablets [prescribing information]. Madison, NJ: Allergan; December 2019.
2. Nurtec ODT [prescribing information]. New Haven, CT: Biohaven; April 2022.
3. Reyvow® tablets [prescribing information]. Indianapolis, IN: Lilly; September 2022.
4. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. Reyvow 50 mg and 100 mg tablets and Ubrelvy 50 mg and 100 mg tablets: The override for an additional quantity if the patient is using the medication to treat intermittent acute migraine headaches was removed.	11/16/2022

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2023 Cigna.