



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

---

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com). **Incomplete forms or forms without the chart notes will be returned.**



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

**Nurtec ODT (rimegepant)**

- **Criteria for initial therapy:** Nurtec ODT (rimegepant) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Prescriber is **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual is 18 years of age or older
  3. A confirmed diagnosis of acute treatment of migraine or prevention of episodic migraine with or without aura of moderate to severe headache pain intensity
  4. Documented Migraine Disability Assessment (MIDAS) score of at least 11 indicating at least moderate disability or a score of 21 indicating severe disability
  5. A history of 2-18 migraine attacks per month but having less than 15 headache days per month
  6. Documented migraine attacks last 4-72 hours untreated or treated unsuccessfully
  7. Documented failure, contraindication per FDA label or intolerance to the following:
    - a. **AT LEAST TWO** triptan drugs (naratriptan, rizatriptan, sumatriptan, and zolmitriptan)
    - b. **AT LEAST ONE** NSAID (naproxen, ibuprofen, aspirin, or diclofenac)
    - c. **AT LEAST ONE** of the following monoclonal antibodies (preferred products are Aimovig (erenumab) and Emgality (galcanezumab-gnlm))
  8. Documentation that the individual **does not have any** of the following:
    - a. History with current evidence of uncontrolled, unstable or recently diagnosed cardiovascular disease, such as ischemic heart disease, coronary artery vasospasm, and cerebral ischemia
    - b. Myocardial infarction, acute coronary syndrome, percutaneous coronary intervention, cardiac surgery, stroke or transient ischemic attack within the previous 6-months
    - c. Uncontrolled hypertension
  9. Will not be used to treat chronic migraine
  10. Will not be used concurrently with or alternating with Botox (onabotulinumtoxinA) or any other calcitonin gene-related peptide (CGRP) therapies



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

11. Will not be used in patient with end-stage renal disease (CrCl < 15 mL/min)
12. Will not be used in patient with severe hepatic impairment (Child-Pugh C)
13. There are no significant interacting drugs
  - a. Strong CYP3A4 inhibitors (e.g., itraconazole, ketoconazole, posaconazole, others)
  - b. Strong or moderate CYP3A4 inducers (e.g., rifampin, phenytoin, St. John's Wort, phenobarbital, primidone, others)
  - c. P-gp or BCRP inhibitors (e.g., amiodarone, clarithromycin, cyclosporine, itraconazole, verapamil, others)

**Initial approval duration:** 6 months, no more than 18 ODT per month

➤ **Criteria for continuation of coverage (renewal request):** Nurtec ODT (rimegepant) is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by **ONE** of the following:
  - a. A Neurologist
  - b. A licensed professional **and ONE** of the following:
    - i. Is prescribing in consultation with a Neurologist or Pain Specialist
    - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
    - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
2. Individual's condition responded while on therapy
  - a. Response is defined as:
    - i. Achieved and maintains a reduction of moderate or severe headache pain to no pain and absence of the most bothersome symptom (such as, photophobia, phonophobia, or nausea)
    - ii. No evidence of disease progression
    - iii. No emergency room or urgent care visits for acute migraine treatment
3. Individual has been adherent with the medication
4. Documentation that the individual **does not have any** of the following:
  - a. History with current evidence of uncontrolled, unstable or recently diagnosed cardiovascular disease, such as ischemic heart disease, coronary artery vasospasm, and cerebral ischemia
  - b. Myocardial infarction, acute coronary syndrome, percutaneous coronary intervention, cardiac surgery, stroke or transient ischemic attack within the previous 6-months
  - c. Uncontrolled hypertension
5. Will not be used to treat chronic migraine



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

## NURTEC™ ODT (rimegepant) REYVOW™ (lasmiditan) UBRELVY™ (ubrogepant)

---

6. Will not be used concurrently with or alternating with Botox (onabotulinumtoxinA) or any other calcitonin gene-related peptide (CGRP) therapies
7. Will not be used in patient with end-stage renal disease (CrCl < 15 mL/min)
8. Will not be used in patient with severe hepatic impairment (Child-Pugh C)
9. There are no significant interacting drugs
  - a. Strong CYP3A4 inhibitors (e.g., itraconazole, ketoconazole, posaconazole, other)
  - b. Strong or moderate CYP3A4 inducers (e.g., rifampin, phenytoin, St. John's Wort, phenobarbital, primidone, other)
  - c. P-gp or BCRP inhibitors (e.g., amiodarone, clarithromycin, cyclosporine, itraconazole, verapamil, other)

**Renewal duration:** 12 months, no more than 18 ODT per month

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:
1. **Off-Label Use of a Non-Cancer Medications**
  2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

---

## Reyvow (lasmiditan)

### Criteria:

- **Criteria for initial therapy:** Reyvow (lasmiditan) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Prescriber is **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual is 18 years of age or older



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

3. A confirmed diagnosis of moderate to severe headache pain intensity from acute migraine with or without aura
4. Documented Migraine Disability Assessment (MIDAS) score of at least 11 indicating at least moderate disability or a score of 21 indicating severe disability
5. History of 3-8 migraine attacks per month but having less than 15 headache days per month
6. Documented migraine attacks last 4-72 hours untreated or treated unsuccessfully
7. Documented failure, contraindication per FDA label, or intolerance to the following acute migraine agents:
  - a. **AT LEAST TWO** triptan drugs (naratriptan, rizatriptan, sumatriptan, and zolmitriptan)
  - b. **AT LEAST ONE** NSAID (naproxen, ibuprofen, aspirin, or diclofenac)
8. Documented failure, contraindication per FDA label, or intolerance to **either** Aimovig (erenumab) or Emgality (galcanezumab-gnlm) as a preventive agent
9. The patient is using and will continue to use **AT LEAST ONE** of the following preventative migraine agent(s):
  - a. Beta-blocker: atenolol, metoprolol, nadolol, propranolol, or timolol
  - b. Antidepressant: amitriptyline or venlafaxine
  - c. Anticonvulsant: topiramate, divalproex sodium, or sodium valproate
10. Documentation that the individual **does not have any** of the following:
  - a. Known coronary artery disease
  - b. Clinically significant arrhythmia
  - c. Uncontrolled hypertension
  - d. History or evidence of hemorrhagic stroke, epilepsy or any other condition placing the individual at increased risk of seizures
11. Will not be used for the preventive treatment of migraine
12. Will not be used in patient with severe hepatic impairment (Child-Pugh Class C)
13. Will not be used with drugs that are substrates for P-gp or BCRP substrates such as dabigatran, digoxin, fexofenadine, rosuvastatin, sulfasalazine, others
14. Will not be used with rimegepant

**Initial approval duration:** 6 months



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

- **Criteria for continuation of coverage (renewal request):** Reyvow (lasmiditan) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual continues to be seen by **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual's condition responded while on therapy
    - a. Response is defined as **ALL** of the following:
      - i. Achieved and maintains a reduction of moderate or severe headache pain to no pain and absence of the most bothersome symptom (such as, photophobia, phonophobia, or nausea)
      - ii. No evidence of disease progression
      - iii. No emergency room or urgent care visits for acute migraine treatment
  3. Documentation that the individual **does not have any** of the following:
    - a. Known coronary artery disease
    - b. Clinically significant arrhythmia
    - c. Uncontrolled hypertension
    - d. History or evidence of hemorrhagic stroke, epilepsy or any other condition placing the individual at increased risk of seizures
  4. Uses **AT LEAST ONE** migraine prevention agent
  5. Will not be used for the preventive treatment of migraine
  6. Will not be used in patient with severe hepatic impairment (Child-Pugh Class C)
  7. Individual has not developed any significant adverse drug effects that may exclude continued use:
    - a. Central nervous system depression, including dizziness and sedation
    - b. Serotonin syndrome
  8. Will not be used with drugs that are substrates for P-gp or BCRP substrates such as dabigatran, digoxin, fexofenadine, rosuvastatin, sulfasalazine, others
  9. Will not be used with rimegepant

**Renewal duration:** 12 months



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

## NURTEC™ ODT (rimegepant) REYVOW™ (lasmiditan) UBRELVY™ (ubrogepant)

---

➤ Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of a Non-Cancer Medications**
2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

---

## Ubrelvy (ubrogepant)

- **Criteria for initial therapy:** Ubrelvy (ubrogepant) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Prescriber is **ONE** of the following:
    - a. A Neurologist
    - b. A licensed professional **and ONE** of the following:
      - i. Is prescribing in consultation with a Neurologist or Pain Specialist
      - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
      - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation
  2. Individual is 18 years of age or older
  3. A confirmed diagnosis of moderate to severe headache pain intensity from acute migraine with or without aura
  4. Documented Migraine Disability Assessment (MIDAS) score of at least 11 indicating at least moderate disability or a score of 21 indicating severe disability
  5. History of 2-8 migraine attacks per month but having less than 15 headache days per month
  6. Documented migraine attacks last 4-72 hours untreated or treated unsuccessfully
  7. Documented failure, contraindication per FDA label or intolerance to the following acute migraine agents:
    - a. **AT LEAST TWO** triptan drugs (naratriptan, rizatriptan, sumatriptan, and zolmitriptan)
    - b. **AT LEAST ONE** NSAID (naproxen, ibuprofen, aspirin, or diclofenac)
  8. Documented failure, contraindication per FDA label, or intolerance to **either** Aimovig (erenumab) or Emgality (galcanezumab-gnlm) as a preventive agent



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

9. The patient is using and will continue to use **AT LEAST ONE** of the following non-CGRP preventative migraine agent(s):
  - a. Beta-blocker: atenolol, metoprolol, nadolol, propranolol, or timolol
  - b. Antidepressant: amitriptyline or venlafaxine
  - c. Anticonvulsant: topiramate, divalproex sodium, or sodium valproate
10. There are **NO** FDA-label contraindications, such as:
  - a. Concurrent use with a strong CYP3A4 inhibitor (e.g., itraconazole, ketoconazole, clarithromycin, other)
11. Documentation that the individual **does not have any** of the following:
  - a. History with current evidence of uncontrolled, unstable or recently diagnosed cardiovascular disease, such as ischemic heart disease, coronary artery vasospasm, and cerebral ischemia
  - b. Myocardial infarction, acute coronary syndrome, percutaneous coronary intervention, cardiac surgery, stroke or transient ischemic attack within the previous 6-months
  - c. Uncontrolled hypertension
12. Will not be used concurrently with any other calcitonin gene-related peptide (CGRP) therapies
13. Will not be used for the preventive treatment of migraine
14. Will not be used in patient with end-stage renal disease (CrCl < 15 mL/min)
15. Will not be used with strong CYP3A4 inducers (e.g., rifampin, phenytoin, St. John's Wort, other)

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** Ubrelvy (ubrogepant) is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by **ONE** of the following:
  - a. A Neurologist
  - b. A licensed professional **and ONE** of the following:
    - i. Is prescribing in consultation with a Neurologist or Pain Specialist
    - ii. Is certified as a headache specialist by the United Council for Neurologic Subspecialties (UCNS)
    - iii. Has earned a Certificate in Added Qualifications (CAQ) in Headache Medicine from the National Headache Foundation





An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

2. Individual's condition responded while on therapy
  - a. Response is defined as:
    - i. Achieved and maintains a reduction of moderate or severe headache pain to no pain and absence of the most bothersome symptom (such as, photophobia, phonophobia, or nausea)
    - ii. No evidence of disease progression
    - iii. No emergency room or urgent care visits for acute migraine treatment
3. Documentation that the individual **does not have any** of the following:
  - a. History with current evidence of uncontrolled, unstable or recently diagnosed cardiovascular disease, such as ischemic heart disease, coronary artery vasospasm, and cerebral ischemia
  - b. Myocardial infarction, acute coronary syndrome, percutaneous coronary intervention, cardiac surgery, stroke or transient ischemic attack within the previous 6-months
  - c. Uncontrolled hypertension
4. Uses **AT LEAST ONE** non-CGRP migraine prevention agent
5. Will not be used for the preventive treatment of migraine
6. Individual is currently not on any other calcitonin gene-related peptide (CGRP) therapies
7. Will not be used in patient with end-stage renal disease (CrCl < 15 mL/min)
8. Will not be used with strong CYP3A4 inducers (e.g., rifampin, phenytoin, St. John's Wort, other)

**Renewal duration:** 12 months

➤ Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of a Non-Cancer Medications**
2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

---

**Description:**

Nurtec ODT (rimegepant) is a calcitonin gene-related peptide receptor antagonist indicated for the acute treatment of migraine with or without aura in adults and for preventive treatment of episodic migraine in adults.

Reyvow (lasmiditan) is a serotonin (5-HT) 1F receptor agonist indicated for the acute treatment of migraine with or without aura in adults. Lasmiditan binds with high affinity to the 5-HT<sub>1F</sub> receptor. Lasmiditan presumably exerts



An Independent Licensee of the Blue Cross Blue Shield Association

**PHARMACY COVERAGE GUIDELINES**  
**SECTION: DRUGS**

**ORIGINAL EFFECTIVE DATE:** 2/13/2020  
**LAST REVIEW DATE:** 8/19/2021  
**LAST CRITERIA REVISION DATE:** 8/19/2021  
**ARCHIVE DATE:**

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

its therapeutic effects in the treatment of migraine through agonist effects at the 5-HT<sub>1F</sub> receptor; however, the precise mechanism is unknown.

Ubroelvy (ubrogepant) is a calcitonin gene-related peptide (CGRP) receptor antagonist indicated for the acute treatment of migraine with or without aura. It is not indicated for the preventive treatment of migraine.

The CGRP pathway is important in pain modulation, and CGRP has been observed to increase during a migraine. CGRP is a 37-amino acid peptide and functions as a neurotransmitter in the central and peripheral nervous system and as a vasodilator. The involvement of CGRP in migraine was suggested in the 1980s. Since then, new agents affecting the CGRP pathway have been developed and studied. Some approaches focused on small molecule CGRP receptor antagonists to be used to treat migraine attacks, or monoclonal antibodies to be used for migraine prevention.

Migraine is a common episodic disorder, the hallmark of which is a disabling headache generally associated with nausea, and/or light and sound sensitivity. Migraine with aura refers to the occurrence of transient visual, sensory, language, or motor disturbance that is followed by a migraine headache. The exact mechanisms of migraine are unknown, but currently it is believed to initiate from a primary neuronal dysfunction that leads to a sequence of intracranial and extracranial changes accounting for migraine, including the four phases of premonitory symptoms, aura, headache and post-drome. Specifically, activation of the trigeminovascular system, cortical spreading depression, and neuronal sensitization all seem to play a role.

Pharmacologic therapies for migraine can be categorized broadly into agents used for treatment once symptoms have started (“acute” or “abortive” medications) and agents used to decrease the frequency or severity of migraines (“preventive” or “prophylactic” therapies).

Selection of medication for acute treatment is directed by the severity of the attacks, presence of associated nausea and vomiting, treatment setting, and patient-specific factors. Abortive treatments are usually more effective if they are given early in the course of the headache (within in the first hour if possible). A 2015 guideline assessment published by the American Headache Society lists the following medications as Level A (established as effective) for acute migraine treatment: all triptan drugs, NSAIDs (naproxen, ibuprofen, aspirin, diclofenac), combination of sumatriptan and naproxen, acetaminophen/aspirin/caffeine, acetaminophen (for acute treatment of non-incapacitating migraine), and dihydroergotamine nasal spray.

Prophylactic headache treatment is indicated if the headaches are frequent, long lasting, or account for a significant amount of total disability. A number of drug classes are used for the prevention of migraine. Medications that are effective in controlled trials include: beta blockers (metoprolol, propranolol, and timolol); anticonvulsants (valproate, divalproex, and topiramate); and antidepressants (amitriptyline and venlafaxine).

Outcomes of clinical trials of acute treatment of migraine commonly include relief of symptoms including pain, nausea/vomiting, photophobia and phonophobia; pain freedom; freedom from the most bothersome symptom (MBS); pain relief; and sustained symptom response.

The Migraine Disability Assessment (MIDAS) is a brief, 7-item, self-administered questionnaire designed to quantify headache-related disability. Respondents answer five questions about activity limitations in the past 3

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

months due to migraine including (1) missed work or school days, (2) missed household chores days, (3) missed non-work activity days, and days at work or school (4) plus days of household chores (5) where productivity was reduced by half or more. Two additional questions about the number of headaches and average pain level associated with headaches over the past 3 months are not used in deriving the MIDAS score, but they are for use by the respondent's clinician.

The MIDAS score is the sum of the number of days reported for each of the five questions. Respondents with a MIDAS score of 0-5 are rated as having little or no disability, 6-10 as having mild disability, 11-20 as having moderate disability, and 21 or greater as having severe disability.

---

**Definitions:**

**Migraine day:**

- Any calendar day in which the patient experiences a qualified migraine headache (onset, continuation, or recurrence of the migraine headache)
- A qualified migraine is defined a migraine with or without aura, lasting  $\geq 30$  minutes that meets at least one of the following:
  - $\geq 2$  of the following pain features: unilateral, throbbing, moderate to severe, or exacerbated with exercise/physical activity
  - $> 1$  of the following associated non-pain features: nausea and or vomiting, or both photophobia, and phonophobia
- Any calendar day on which acute migraine-specific medication was used is counted as a migraine day

**Episodic migraine:**

- Individual with migraine who has between 4 to 14 migraine headache days per month

**Chronic migraine:**

- Individual with migraine who has 15 or more headache days per month for more than 3 months, of which 8 days per month meet the features of migraine with or without aura
- Features of migraine headache include:
  - Lasts 4-72 hours **AND** has at least 2 of the following 4 characteristics:
    - Unilateral, pulsating, moderate or severe pain intensity, aggravates or causes avoidance of routine physical activity
  - **AND** associated with at least one of the following during the headache:
    - Nausea and/or vomiting or photophobia and phonophobia.

**Pain freedom:**

- A **reduction in severity** of headache from mild, moderate or severe pain **at baseline to none** at a given follow-up time point

**Freedom from most bothersome symptoms (MBS):**

- **Total absence** of nausea/vomiting, photophobia or phonophobia at a given follow-up time point



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

**Pain relief:**

- **Having mild to no pain** at a given follow-up time point

**Sustained symptom response after 2-hours:**

- Those with an initial response that is sustained at subsequent follow-up time points **without** the use of repeat dosing or rescue medications

**Migraine Disability Assessment (MIDAS):**

Please answer the following questions about **ALL** of the headaches you have had over the last 3 months. Select zero if you did not have the activity in the last 3 months.

1. \_\_\_\_\_ On how many days in the last 3 months did you miss work or school because of your headaches?
2. \_\_\_\_\_ How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)
3. \_\_\_\_\_ On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?
4. \_\_\_\_\_ How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)
5. \_\_\_\_\_ On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?
6. Total number of days (from questions 1 through 5): \_\_\_\_\_

**Answer the following for your provider:**

1. \_\_\_\_\_ On how many days in the last 3 months did you have a headache? (If a headache lasted more than 1 day, count each day.)
2. \_\_\_\_\_ On a scale of 0 - 10, on average how painful were these headaches? (where 0 = no pain at all, and 10 = pain as bad as it can be.)

MIDAS Grade	Definition	MIDAS Score
I	Little or No disability	0-5
II	Mild disability	6-10
III	Moderate disability	11-20
IV	Severe disability	21+

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

AHS Consensus 2018		
Identifying Patients for Preventive Treatment		
Prevention should be:	Headache days/month	Degree of MIDAS required
Offered	6 or more	None
	4 or more	Some
	3 or more	Severe
Considered	4 or 5	None
	3	Some
	2	Moderate

**Migraine Severity:**

- **Mild Pain Level / Pain Score**
  - Does not interfere with most activities and is easy to manage both physically and psychologically. Individual able to adapt to these levels of pain with low doses of medication (e.g., acetaminophen), dietary changes, or bed rest.
- **Moderate Uncomfortable Pain Level / Pain Score**
  - Interferes with many activities of daily living and requires changes to daily lifestyle to manage pain symptoms. Migraine pain is more noticeable but is not incapacitating.
- **Severe Pain Level / Pain Score**
  - Individual is no longer able to engage in normal activities and seeks stronger medications to help improve ability to function independently.

Identification of headache type: migraine, tension, or cluster			
	Migraine	Tension	Cluster
Location	Unilateral	Bilateral	Supraorbital/temporal
Pain intensity <sup>1</sup>	Moderate to severe	Mild to moderate	Severe
Duration	4–72 hours	30 minutes to 7 days	15–180 minutes
Characterization of pain	Pulsing	Pressure/squeezing	Boring/stabbing
Sensitivity to light/sound	One or both may be present	Both are absent or only one is present	No
Nausea/vomiting	One or both may be present	No	One or both may be present
Aggravated by routine activity	Yes	No	No
Aura	May be present	No	No
Associated symptoms	None	None	Miosis, ptosis, rhinorrhea

<sup>1</sup> Pain intensity

- Mild—Patient is aware of a headache, but is able to continue daily routine with minimum alterations.
- Moderate—The headache inhibits daily activities; migraine pain is more noticeable but is not incapacitating.
- Severe—The headache is incapacitating such that patient is no longer able to engage in normal activities.

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

**2013 Canadian Headache Society (CHS) – medications for acute migraine:**

2013 Canadian Headache Society (CHS) Summary of Recommendations*		
Recommended For Use in Episodic Migraine** (Use)		
Drug	Recommendation Strength	Quality of Evidence
Almotriptan	Strong	High
Eletriptan	Strong	High
Frovatriptan	Strong	High
Naratriptan	Strong	High
Rizatriptan	Strong	High
Sumatriptan	Strong	High
Zolmitriptan	Strong	High
Aspirin	Strong	High
Diclofenac	Strong	High
Ibuprofen	Strong	High
Naproxen	Strong	High
Acetaminophen	Strong	High
Domperidone	Strong	Low
Metoclopramide	Strong	Moderate
Dihydroergotamine	Weak	Moderate
Ergotamine	Weak, not recommended for routine use	Moderate
Opioid containing compounds	Weak, not recommended for routine use	Low
Tramadol containing compounds	Weak, not recommended for routine use	Moderate
Not Recommended for Use in Episodic Migraine** (Do not use***)		
Butalbital containing compounds	Strong	Low
Butorphanol	Strong	Low

\*Utilizing Grading of Recommendations Assessment, Development and Evaluation (GRADE) Criteria  
\*\*Migraine with headache on less than 15 days a month  
\*\*\* Except under exceptional circumstances

Metoclopramide strongly recommended for use when necessary

**Non-Calcitonin gene-related peptide (Non-CGRP) preventative migraine agent(s):**

- Beta-blocker: atenolol, metoprolol, nadolol, propranolol, or timolol
- Antidepressant: amitriptyline or venlafaxine
- Anticonvulsant: topiramate, divalproex sodium, or sodium valproate

**Resources:**

Reyvow (lasmiditan) product information, revised by Eli Lilly and Company 01-2021. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed on April 19, 2021. Re-accessed July 03, 2021.

Nurtec ODT (rimegepant) product information, revised by Biohaven Pharmaceuticals 05-2021. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed on July 03, 2021.



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/13/2020  
LAST REVIEW DATE: 8/19/2021  
LAST CRITERIA REVISION DATE: 8/19/2021  
ARCHIVE DATE:

---

**NURTEC™ ODT (rimegepant)**  
**REYVOW™ (lasmiditan)**  
**UBRELVY™ (ubrogepant)**

---

Ubrelvy (ubrogepant) product information, revised by Allergan, Inc. 03-2021. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed on April 19, 2021. Re-accessed July 03, 2021.

Smith JH. Acute treatment of migraine in adults. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Smith JH. Preventive treatment of episodic migraine in adults. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Garza I, Schwedt TJ. Chronic migraine. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Garza I, Schwedt TJ. Overview of chronic daily headache. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Garza I, Schwedt TJ. Medication overuse headache: Etiology, clinical features, and diagnosis. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Garza I, Schwedt TJ. Medication overuse headache: Treatment and prognosis. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

May A. Cluster headache: Treatment and prognosis. In: UpToDate, Swanson JW, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on April 17, 2021.

Consensus Statement: The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. Headache 2019; 59:1-18. Accessed on August 5, 2020. Re-reviewed on April 20, 2021.

---