Ubrelvy (ubrogepant)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ubrelvy (ubrogepant) 50 mg, 100 mg tablets	16 tablets per 30 days*

*For approval of up to a maximum of 32 – 50 mg tablets or 32 – 100 mg tablets per 30 days per rolling 30 days, the individual must meet the following criteria:

I. Individual has a diagnosis of migraine headaches; **AND**
II. Individual has had a previous trial and an inadequate response to **one** of the following daily preventive therapies (AAN/AHS 2012, Level A or B evidence; ICSI 2013; High quality evidence):
    A. One of the following antidepressants: amitriptyline, venlafaxine; **OR**
    B. One of the following beta blockers: metoprolol, propranolol, timolol (oral), atenolol, nadolol, nebivolol; **OR**
    C. The following calcium channel blocker: verapamil; **OR**
    D. One of the following antiepileptic agents: divalproex sodium, valproate sodium, topiramate, gabapentin.

APPROVAL CRITERIA

Requests for Ubrelvy (ubrogepant) may be approved if the following criteria is met:

I. Documentation is provided that individual has had a trial of and inadequate response or intolerance to **two** preferred oral triptans (AHS 2021). Medication samples/coupons/discount cards are excluded from consideration as a trial.;

    Preferred oral agents: almotriptan, eletriptan (generic Relpax), naratriptan (generic Amerge), rizatriptan/rizatriptan ODT (generic Maxalt/Maxalt-MLT), sumatriptan (generic Imitrex), zolmitriptan/zolmitriptan ODT (generic Zomig/Zomig ZMT).

OR

II. Documentation is provided that individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:
    A. Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina); **OR**

B. History of stroke or transient ischemic attack (TIA); **OR**
C. Peripheral vascular disease; **OR**
D. Ischemic bowel disease; **OR**
E. Uncontrolled hypertension.

Ubrelvy (ubrogepant) may not be approved for the following:

I. Individual is using in combination with another acute CGRP agent (Zavzpret or acute use of Nurtec ODT); **OR**
II. Individual has end-stage renal disease (ESRD) (CLcr <15 mL/min).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: icsi.org/wp-content/uploads/2019/01/Headache.pdf. Updated January 2013.
5. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021; 61:1021-1039.
6. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024; 64: 333-341. doi:10.1111/head.14692.
7. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology. 2012; 78:1337–1345.
8. Qaseem A, Tice JA, Etxeandia-Ikobaltzeta I, et al. Pharmacologic Treatments of Acute Episodic Migraine Headache in Outpatient Settings: A Clinical Guideline From the American College of Physicians. Ann Intern Med. Published online March 18, 2025. doi:10.7326/ANNALS-24-03095.