## **Ubrogepant**



**Included Products:** Ubrelvy (ubrogepant)

Created: 11/10/2022 Revised: 11/10/2022 Reviewed: 01/11/2024 Updated: 02/01/2024

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the request for abortive treatment of migraines?	Continue to #2.	Do not approve. Indication not accepted.
2.	Does the member have an accepted contraindication to triptans?	Continue to #4.	Continue to #3.
3.	Has the member failed at least 4 triptan products including eletriptan?	Continue to #4.	Do not approve. Criteria not met.
4.	Has the member failed naproxen?	Continue to #5.	Do not approve. Criteria not met.
5.	Has the member failed Reyvow?	Continue to #6.	Do not approve. Criteria not met.
6.	Is the request for more than 8 tabs?	Continue to #7.	Continue to #8
7.	Is the member established on prophylactic treatment and actively engaged in finding an effective therapy AND has a medical need for more than 8 tabs per month?	Consider approving a 3 month quantity limit exception.	Do not approve quantity limit exception.
8.	Approve for lifetime.		