

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Calcitonin Gene-Related Peptide Receptor (CGRP)  
Antagonists (Acute Treatment)****Clinical Information Included in this Document****Nurtec ODT (Rimegepant)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

**Ubrelvy (Ubrogepant)**

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## Revision Notes

Annual review by staff

Updated references



## Nurtec ODT (Rimegepant)

### Drugs Requiring Prior Authorization

**\*\*Criteria for Nurtec ODT for prophylactic treatment of migraine can be found in the CGRP Antagonists, Prophylaxis criteria guide.**

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).*

Drugs Requiring Prior Authorization	
Label Name	GCN
NURTEC ODT 75 MG TABLET	47762



## Nurtec ODT (Rimegepant)

### Clinical Criteria Logic

**\*\*Criteria for Nurtec ODT for prophylactic treatment of migraine can be found in the CGRP Antagonists, Prophylaxis criteria guide.**

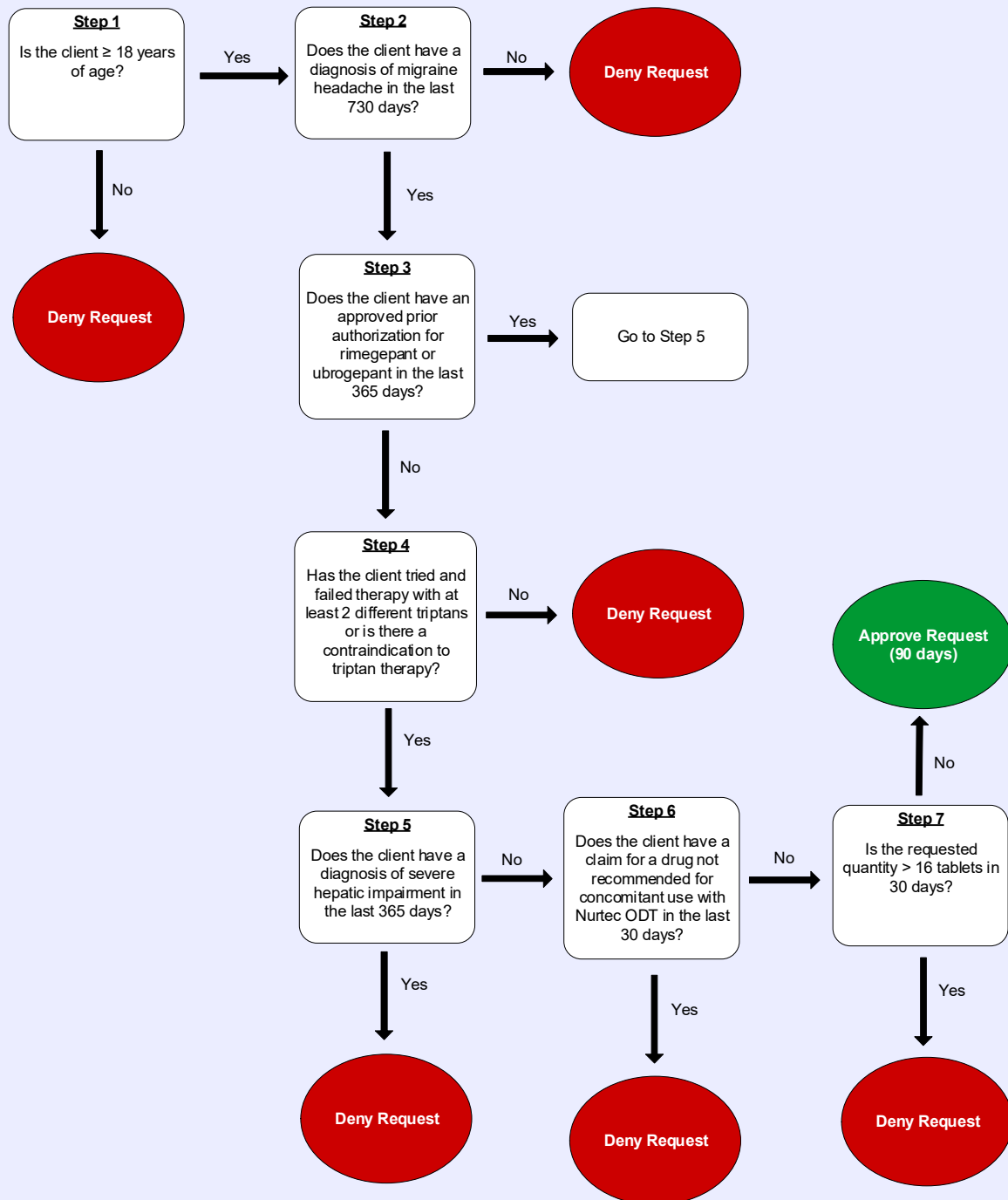
1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **migraine headache** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have an approved prior authorization for rimegepant or ubrogepant in the last 365 days?  
 Yes (Go to #5)  
 No (Go to #4)
4. Has the client tried and failed therapy with at least 2 different **triptans**, or does the client have a contraindication to triptan therapy?  
 Yes (Go to #5)  
 No (Deny)
5. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a claim for a **drug listed in Nurtec ODT Table 6** in the last 30 days?  
 Yes (Deny)  
 No (Go to #7)
7. Is the requested quantity greater than 16 tablets in 30 days?  
 Yes (Deny)  
 No (Approve – 90 days)



# Nurtec ODT (Rimegepant)

## Clinical Criteria Logic Diagram

**\*\*Criteria for Nurtec ODT for prophylactic treatment of migraine can be found in the CGRP Antagonists, Prophylaxis criteria guide.**





## Ubrelvy (Ubrogapant)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
UBRELVY 100 MG TABLET	47478
UBRELVY 50 MG TABLET	47477



## Ubrelyvy (Ubrogепant)

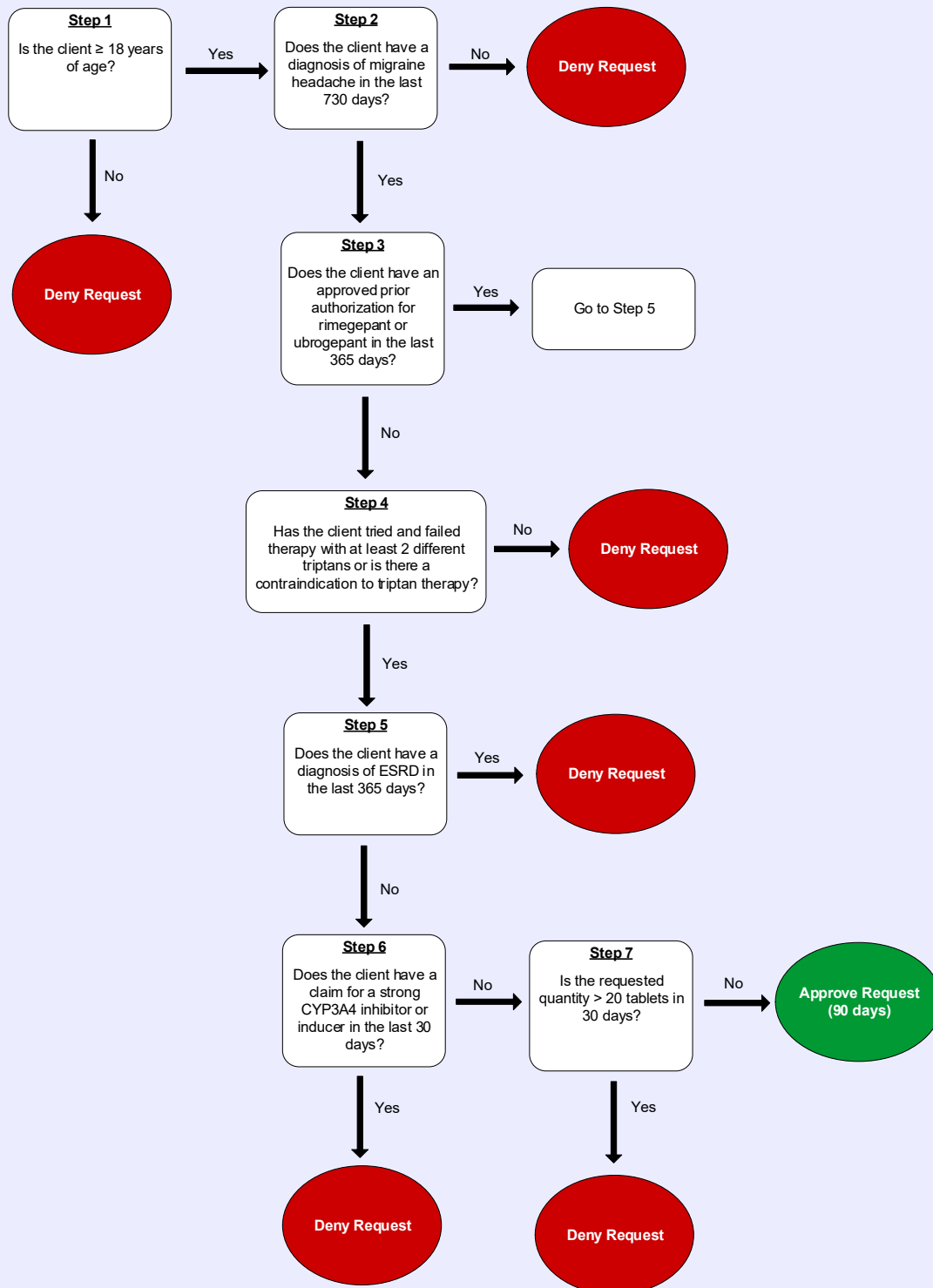
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **migraine headache** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have an approved prior authorization for rimegepant or ubrogепant in the last 365 days?  
 Yes (Go to #5)  
 No (Go to #4)
4. Has the client tried and failed therapy with at least 2 different **triptans**, or does the client have a contraindication to triptan therapy?  
 Yes (Go to #5)  
 No (Deny)
5. Does the client have a diagnosis of **end stage renal disease (ESRD)** in the last 365 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a claim for a **strong CYP3A4 inhibitor or inducer** in the last 30 days?  
 Yes (Deny)  
 No (Go to #7)
7. Is the requested quantity greater than 20 tablets in 30 days?  
 Yes (Deny)  
 No (Approve – 90 days)



# Ubrelvy (Ubrogепant)

## Clinical Criteria Logic Diagram







## CGRP Antagonists (Acute)

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of migraine headache)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G43001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43011	MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43019	MIGRAINE WITHOUT AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43101	MIGRAINE WITH AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43109	MIGRAINE WITH AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43111	MIGRAINE WITH AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43119	MIGRAINE WITH AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43401	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43409	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43411	HEMIPLEGIC MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43419	HEMIPLEGIC MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITH STATUS MIGRAINOSUS
G43509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITHOUT STATUS MIGRAINOSUS
G43511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS
G43519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS
G43619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

<b>Step 2 (diagnosis of migraine headache)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G43701	CHRONIC MIGRAINE WITHOUT AURA WITH STATUS MIGRAINOSUS
G43709	CHRONIC MIGRAINE WITHOUT AURA WITHOUT STATUS MIGRAINOSUS
G43711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43B0	OPHTHALMOPLAGIC MIGRAINE NOT INTRACTABLE
G43B1	OPHTHALMOPLAGIC MIGRAINE INTRACTABLE
G43801	OTHER MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43809	OTHER MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43811	OTHER MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43819	OTHER MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43821	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43829	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43831	MENSTRUAL MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43839	MENSTRUAL MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43901	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43911	MIGRAINE, UNSPECIFIED, INTRACTABLE WITH STATUS MIGRAINOSUS
G43919	MIGRAINE, UNSPECIFIED, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

<b>Step 4 (history of triptan therapy)</b>	
<b>Required claims: 2</b>	
<b>Label Name</b>	<b>GCN</b>
ALMOTRIPTAN MALATE 12.5 MG TAB	12472
ALMOTRIPTAN MALATE 6.25 MG TAB	13587
AMERGE 1 MG TABLET	81112
AMERGE 2.5 MG TABLET	81111
ELETRIPTAN HBR 20 MG TABLET	15173
ELETRIPTAN HBR 40 MG TABLET	15174

<b>Step 4 (history of triptan therapy)</b>	
<b>Required claims: 2</b>	
<b>Label Name</b>	<b>GCN</b>
FROVA 2.5 MG TABLET	14977
FROVATRIPTAN SUCC 2.5 MG TAB	14977
IMITREX 100 MG TABLET	05701
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 25 MG TABLET	05702
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 50 MG TABLET	05700
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 6 MG/0.5 ML PEN INJECT	50741
IMITREX 6MG/0.5 ML VIAL	50742
IMITREXX 5 MG NASAL SPRAY	50740
MAXALT 10 MG TABLET	19592
MAXALT MLT 10 MG TABLET	19594
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
ONZETA XSAIL 11 MG/NOSEPIECE	40608
RELPAK 20 MG TABLET	15173
RELPAK 40 MG TABLET	15174
RIZATRIPTAN 10 MG ODT	19594
RIZATRIPTAN 10 MG TABLET	19592
RIZATRIPTAN 5 MG ODT	19593
RIZATRIPTAN 5 MG TABLET	19591
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML CART	26667
SUMATRIPTAN 4 MG/0.5 ML INJECT	26666
SUMATRIPTAN 5 MG NASAL SPRAY	50740
SUMATRIPTAN 6 MG/0.5 ML CART	24708
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 100 MG TABLET	05701
SUMATRIPTAN SUCC 25 MG TABLET	05702
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TREXIMET 85-500 MG TABLET	99597
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	40811

<b>Step 4 (history of triptan therapy)</b>	
<b>Required claims: 2</b>	
<b>Label Name</b>	<b>GCN</b>
ZOLMITRIPTAN 2.5 MG ODT	42098
ZOLMITRIPTAN 2.5 MG TABLET	46131
ZOLMITRIPTAN 5 MG ODT	14324
ZOLMITRIPTAN 5 MG TABLET	46132
ZOMIG 2.5 MG NASAL SPRAY	24218
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 5 MG TABLET	46132
ZOMIG ZMT 2.5 MG TABLET	42098
ZOMIG ZMT 5 MG TABLET	14324

<b>Nurtec ODT Step 5 (diagnosis of severe hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA

<b>Nurtec ODT Step 5 (diagnosis of severe hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS

<b>Nurtec ODT Step 5 (diagnosis of severe hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
AMIODARONE HCL 100 MG TABLET	10921
AMIODARONE HCL 200 MG TABLET	10920
AMIODARONE HCL 400 MG TABLET	12465
APTIOM 200 MG TABLET	36098
APTIOM 400 MG TABLET	36099
APTIOM 600 MG TABLET	36106
APTIOM 800 MG TABLET	27409
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
ATRIPLA TABLET	27346
BEXAROTENE 75 MG CAPSULE	92373

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
BOSENTAN 125 MG TABLET	14978
BOSENTAN 62.5MG TABLET	14979
CALAN 120 MG TABLET	02341
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CARVEDILOL 12.5 MG TABLET	01552
CARVEDILOL 25 MG TABLET	01551
CARVEDILOL 3.125 MG TABLET	01553
CARVEDILOL 6.25 MG TABLET	01554
CARVEDILOL ER 10 MG CAPSULE	97596
CARVEDILOL ER 20 MG CAPSULE	97597
CARVEDILOL ER 40 MG CAPSULE	97598
CARVEDILOL ER 80 MG CAPSULE	97599
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
COREG 12.5 MG TABLET	01552
COREG 25 MG TABLET	01551
COREG 3.125 MG TABLET	01553
COREG 6.25 MG TABLET	01554
COREG CR 10 MG CAPSULE	97596

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
COREG CR 20 MG CAPSULE	97597
COREG CR 40 MG CAPSULE	97598
COREG CR 80 MG CAPSULE	97599
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
EFAVIRENZ 600 MG TABLET	15555
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
EVOTAZ 300-150MG TABLET	37797
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
GENVOYA TABLET	40092
INTELENCE 100 MG TABLET	99318
INTELENCE 200 MG TABLET	29424
INTELENCE 25 MG TABLET	32035
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485



<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LYSODREN 500 MG TABLET	37810
MODAFINIL 100 MG TABLET	26101
MODAFINIL 200 MG TABLET	26102
MULTAQ 400 MG TABLET	26586
MYCOBUTIN 150 MG CAPSULE	29810
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NEORAL 100 MG GELATIN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
PACERONE 100 MG TABLET	10921
PACERONE 200 MG TABLET	10920
PACERONE 400 MG TABLET	12465
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIFTIN 150 MG TABLET	45911
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
PROMACTA 12.5 MG SUSPEN PACKET	45875
PROMACTA 12.5 MG TABLET	31176
PROMACTA 25 MG TABLET	15994
PROMACTA 50 MG TABLET	15995
PROMACTA 75 MG TABLET	28344
PROPAFENONE HCL 150 MG TABLET	12431
PROPAFENONE HCL 225 MG TAB	12433
PROPAFENONE HCL 300 MG TAB	12432
PROPAFENONE HCL ER 225 MG CAP	21056
PROPAFENONE HCL ER 325 MG CAP	21058
PROPAFENONE HCL ER 425 MG CAP	21059
PROVIGIL 100 MG TABLET	26101
PROVIGIL 200 MG TABLET	26102
QUINIDINE GLUC ER 324 MG TAB	01011
QUINIDINE SULFATE 200 MG TAB	01053

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
QUINIDINE SULFATE 300 MG TAB	01055
RANEXA ER 1,000 MG TABLET	98733
RANEXA ER 500 MG TABLET	26459
RANOLAZINE ER 1,000 MG TABLET	98733
RANOLAZINE ER 500 MG TABLET	26459
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFABUTIN 150 MG CAPSULE	29810
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
RITONAVIR 100 MG TABLET	28224
RITONAVIR 100 MG TABLET	28224
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SUSTIVA 200 MG CAPSULE	43303
SUSTIVA 50 MG CAPSULE	43301
SUSTIVA 600 MG TABLET	15555
SYMFI 600-300-300 MG TABLET	44548
SYMFI LO 400-300-300 MG TABLET	44425
SYMTUZA 800-150-200-10 MG TAB	43968
TAFINLAR 50 MG CAPSULE	34723
TAFINLAR 75 MG CAPSULE	34724
TARGRETIN 75 MG CAPSULE	92373
TARKA ER 2-180 MG TABLET	32111

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TOLSURA 65 MG CAPSULE	45848
TOLSURA 65 MG CAPSULE	45848
TRACLEER 125 MG TABLET	14978
TRACLEER 32 MG TABLET FOR SUSP	43819
TRACLEER 62.5 MG TABLET	14979
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TYBOST 150MG TABLET	36468
TYKERB 250 MG TABLET	98140
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 360 MG CAP PELLETT	03004
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004
VERELAN PM 100 MG CAP PELLETT	94122

<b>Nurtec ODT Step 6 (history of a drug not recommended for concomitant use)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
XTANDI 40 MG CAPSULE	33183
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885

<b>Ubrelvy Step 5 (diagnosis of ESRD)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N186	END STAGE RENAL DISEASE

<b>Ubrelvy Step 6 (history of a strong CYP3A4 inhibitor or inducer)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
BEXAROTENE 75 MG CAPSULE	92373
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450

<b>Ubrelvy Step 6 (history of a strong CYP3A4 inhibitor or inducer)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
EVOTAZ 300-150MG TABLET	37797
GENVOYA TABLET	40092
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LYSODREN 500 MG TABLET	37810

<b>Ubrelvy Step 6 (history of a strong CYP3A4 inhibitor or inducer)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037

<b>Ubrelvy Step 6 (history of a strong CYP3A4 inhibitor or inducer)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
RITONAVIR 100 MG TABLET	28224
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SYMTUZA 800-150-200-10 MG TAB	43968
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TOLSURA 65 MG CAPSULE	45848
TYBOST 150MG TABLET	36468
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499



<b>Ubrelvy Step 6 (history of a strong CYP3A4 inhibitor or inducer)</b>	
<b>Required claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
XTANDI 40 MG CAPSULE	33183
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885



## CGRP Antagonists (Acute)

### Clinical Criteria References

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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/23/2020	<ul style="list-style-type: none"><li>Initial publication and presentation to the DUR Board</li></ul>
10/28/2020	<ul style="list-style-type: none"><li>Updated with DUR Board recommendations</li></ul>
11/30/2020	<ul style="list-style-type: none"><li>Updated wording for question 7 in Nurtec ODT criteria, in criteria logic and logic diagram</li></ul>
10/08/2021	<ul style="list-style-type: none"><li>Removed specialist requirement from criteria</li></ul>
01/24/2022	<ul style="list-style-type: none"><li>Updated Nurtec ODT logic diagram – criteria for prophylaxis of migraine moved to CGRP Antagonists, Prophylaxis criteria guide</li></ul>
12/01/2022	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>