Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 1, 2025 July 9, 2025

Anti-Migraine Criteria
Nurtec ODT® (rimegepant), Qulipta® (atogepant), Ubrelvy® (ubrogepant)

LENGTH OF AUTHORIZATION: 1 year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient has a confirmed diagnosis of migraines.
- **For Nurtec ODT**
  - Patient has had previous trial with inadequate response, intolerable adverse reaction, or contraindication to Aimovig, Ajovy or Emgality; **OR**
  - Patient has had previous trial with a preferred Triptan. (*documentation required)*
- **For Qulipta**
  - Patient has had previous trial with inadequate response, intolerable adverse reaction, or contraindication to Aimovig, Ajovy or Emgality. (*documentation required)*
- **For Ubrelvy**
  - Patient has had previous trial with a preferred Triptan. (*documentation required)*

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/