

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1326-10
Program	Prior Authorization-Notification
Medication	Nurtec® ODT (rimegepant), Qulipta® (atogepant), Ubrelvy®(ubrogepant), Zavzpret™ (zavegepant)*
P&T Approval Date	9/2020, 7/2021, 12/2021, 3/2022, 3/2023, 7/2023, 6/2024, 8/2024, 2/2025, 3/2026
Effective Date	6/1/2026

1. Background:

Nurtec ODT (rimegepant), Ubrelvy (ubrogepant) and Zavzpret (zavegepant)* are calcitonin gene-related peptide receptor antagonists indicated for the acute treatment of migraine with or without aura in adults. Nurtec ODT is also indicated for the preventive treatment of episodic migraine in adults and Qulipta (atogepant) is indicated for the preventive treatment of migraine in adults.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Ubrelvy or Zavzpret** will be approved based on **all** of the following criteria:

- a. Diagnosis of migraine headaches with or without aura.

-AND-

- b. Used for acute treatment of migraine

-AND-

- c. Medication will not be used in combination with another small-molecule targeting the calcitonin gene-related peptide (CGRP) receptor (“gepants”) (e.g. Nurtec ODT, Qulipta)

Authorization will be issued for 12 months.

2. Nurtec ODT will be approved based on **one** of the following criteria:

- a. **All** of the following:

- 1) Diagnosis of migraine headaches with or without aura.

-AND-

- 2) Used for acute treatment of migraine

-AND-

- 3) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Qulipta, Ubrelvy, Zavzpret)

-OR-

- b. **All** of the following:

- 1) Diagnosis of episodic migraines

-AND-

- 2) Used for preventive treatment of migraines

-AND-

- 3) **Both** of the following:

- a) Medication will not be used in combination with a monoclonal antibody targeting CGRP or its receptor (e.g., Aimovig, Ajovy*, Emgality, Vyepti^)
- b) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Qulipta, Ubrelvy, Zavzpret)

Authorization will be issued for 12 months.

3. **Qulipta** will be approved based all of the following criteria:

- a. Diagnosis of migraines

-AND-

- b. Used for preventive treatment of migraines

-AND-

- c. **Both** of the following:

- 1) Medication will not be used in combination with a monoclonal antibody targeting CGRP or its receptor (e.g., Aimovig, Ajovy*, Emgality, Vyepti^)
- 2) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Nurtec ODT, Ubrelvy, Zavzpret)

Authorization will be issued for 12 months.

B. Reauthorization

1. **Ubrelvy or Zavzpret** will be approved based on the following criteria:

- a. Documentation of positive clinical response to therapy

-AND-

- b. Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Nurtec ODT, Qulipta)

Authorization will be issued for 12 months.

2. **Nurtec ODT** will be approved based on the following criteria:

- a. Documentation of positive clinical response to therapy

-AND-

- b. **One** of the following:

- 1) **Both** of the following:

- a) Use is for the acute treatment of migraine

-AND-

- b) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Qulipta, Ubrelvy, Zavzpret)

-OR-

- 2) **Both** of the following:

- a) Use is for the preventive treatment of migraines

-AND-

- b) **Both** of the following:

- i) Medication will not be used in combination with a monoclonal antibody targeting CGRP or its receptor (e.g., Aimovig, Ajovy*, Emgality, Vyepti^)
- ii) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Qulipta, Ubrelvy, Zavzpret)

Authorization will be issued for 12 months.

3. **Qulipta** will be approved based on the following criteria:

- a. Documentation of positive clinical response to therapy

-AND-

b. **Both** of the following:

- 1) Medication will not be used in combination with a monoclonal antibody targeting CGRP or its receptor (e.g., Aimovig, Ajoovy*, Emgality, Vyepiti^)
- 2) Medication will not be used in combination with another small-molecule targeting the CGRP receptor (“gepants”) (e.g., Nurtec ODT, Ubrelvy, Zavzpret)

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Ajoovy, is typically excluded from coverage.

^Vyepiti may be subject to additional benefit and coverage review requirements.

3. Additional Clinical Programs:

- Supply limits may apply.
- Prior Authorization-Medical Necessity may apply
- Step Therapy may apply
- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Nurtec ODT [package insert]. New York, NY: Pfizer, Inc. August 2025.
2. Qulipta [package insert]. North Chicago IL: AbbVie Inc; September 2025.
3. Ubrelvy [package insert]. North Chicago IL: AbbVie, Inc; June 2025.
4. Zavzpret [package insert]. New York, NY: Pfizer Inc.; August 2025.
5. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. AHS Consensus Statement. Headache. 2024; 64:333-41.

Program	Prior Authorization-Notification – Nurtec ODT, Qulipta, Ubrelvy, Zavzpret
Change Control	
Date	Change
9/2020	New program.
7/2021	Added new indication for Nurtec ODT for episodic migraines. Added statement regarding concomitant therapy with other CGRPs. Updated references. Added state mandate language.
12/2021	Added Qulipta for preventive treatment of migraines. Updated references.
3/2022	Updated the products typically excluded from coverage. Added note for Vyepiti regarding additional benefit and coverage review requirements. Updated references.

3/2023	Updated reference.
7/2023	Added Zavzpret, updated CGRP examples, removed episodic for Quilipta.
6/2024	Removed notation that Qulipta and Zavzpret are typically excluded from coverage. Updated references.
8/2024	Review. No changes.
2/2025	Review. No changes.
3/2026	Annual review. Updated language on concomitant CGRP use.