

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Ubrogepant (Ubrelyv)

### Notes:

- Quantity Limits: Yes
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary ubrogepant (Ubrelyv) will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years old **AND**
- Prescribed for the treatment of acute migraine **AND**
- Patient has failed a trial of or has an allergy or intolerance\* to at least 3 triptans at maximum tolerated doses **OR** patient has documented contraindication to triptan use (i.e. coronary artery disease, history of ischemic stroke due to atherosclerosis, peripheral vascular disease, uncontrolled hypertension)