Oregon Prescription Drug
Affordability Board

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Ubrelvy®
(*ubrogepant*)[1]

Version 4.0

[1] Image source: https://everyone.org/ubrelvy-ubrogepant

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Document version history

Version	Date	Description
v1.0	7/9/2025	Original Release
v2.0	7/11/2025	Updated gross spend amounts in the “Cost to the healthcare system” section; added a “Cost to payers” section; updated table 3 to reflect costs to the healthcare system; added table 4 for payer paid amounts; updated sections referencing patients to reference enrollees; added the drug name to the footer; Table 2 removed Total for paid/enrollee & claims and indicated the number as an average; updated summary page
V2.1	7/17/2025	Added to the appendix table the public comment from the 7/16/2025 board meeting.
V3.0	9/12/2025	Added new tables. Formatting changes throughout the document.
V4.0	10/21/2025	WAC data and 30 day supply data updated. New patent and exclusivity data added. Formatting changes.

Review summary

Therapeutic alternatives[2,3,4]

Ubrelvy® (*ubrogepant*) has the following therapeutic alternatives: **Nurtec ODT** and **Zavzpret**.

Proprietary name	Non-proprietary name	Manufacturer	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Ubrelvy[5]	*ubrogepant*	Abbie Inc.	14	2031-2041		No
Nurtec ODT	*rimegepant*	Pfizer Inc	3	2030-2039	2025	No
Zavzpret	*zavegepant*	Pfizer	1	2031	2028	No

Price history

Ubrelvy® (*ubrogepant*) rose **at an average annual rate of 5.0 percent, exceeding inflation** in 2023 and 2024.

- In the same time period, its therapeutic alternatives rose at these rates:
    - Nurtec ODT: **4.1** percent
    - Zavzpret: **0.0** percent

Additionally, the average annual rate exceeded inflation in 2023 and 2024. Pharmacy acquisition costs (AAAC) for **Medicaid also increased by 22.0 percent** over the same period, reflecting broader trends in pricing escalation.

[2] Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration, Aug. 8, 2025. https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book.

[3] Frequently Asked Questions on Patents and Exclusivity, U.S. Food & Drug Administration, Feb. 5, 2020. https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What_is_the_difference_between_patents_a.

[4] Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services, May 23, 2025. https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices.

[5] No patent or exclusivity information was listed for Ubrelvy in the U.S. Food & Drug Administration Orange Book Database.

Price concessions[6]

Based on data received from healthcare carriers, Ubrelvy in 2023 had the **gross spend of $1,022 per claim**, while the **spend net of discount was $788 per claim**. Price concession per claim was reported to be **$234**.

Cost to payers[7,8]

Table 1 2023 APAC gross annual payer total expenditure, utilization, and cost per enrollee

Proprietary name	Total expenditure	Utilization	Cost per enrollee	Cost per enrollee, median
Ubrelvy	$10,583,552	11,854	$4,626	$868
Nurtec ODT	$13,227,665	12,335	$5,338	$913
Zavzpret	$41,360	41	$2,298	$1,048

Cost to enrollees[9,10]

Table 2 2023 APAC gross annual enrollee out-of-pocket (OOP) cost

Proprietary name	OOP cost per enrollee	OOP cost per enrollee median	OOP cost per claim	OOP cost per claim median
Ubrelvy	$648	$38	$129	$30
Nurtec ODT	$695	$35	$146	$30
Zavzpret	$153	$35	$64	$10

[6] No patent or exclusivity information was listed for Ubrelvy in the U.S. Food & Drug Administration Orange Book Database

[7] Ibid.

[8] Based on Oregon's 2023 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information are prior to any price concessions such as discounts or coupons.

[9] Based on Oregon's 2023 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information are prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

[10] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. Cost information from the data call is the cost of the drug after price concessions.

Rubric considerations

Domain	Consideration
Utilization	11,854
Price evaluation	Avg change in WAC ≥ 5%, outpaces inflation for 2 years
Price concessions	50-75% of claims discounted
System & payer costs	Total gross spend $10M-$15M, total net spend $3M-$10M
Enrollee burden	Total APAC OOP annual cost $200-$700
Equity impact	Yes
Access restrictions	Yes
Therapeutic alternative fail to reduce system spending	Yes
Stakeholder input identify access or financial hardship?	Yes
Patent expirations more than 18 months from time of review?	Yes
Excluded from CMS Maximum Fair Price List (MFP)	Yes

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) database and the commercial carrier data call. APAC aggregates utilization data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total utilization and cost figures due to broader reporting, while the data call offers insight into actual expenditures from private payers in the commercial market.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-0020, PDAB conducts affordability reviews on prioritized prescription drugs selected under OAR 925-200-0010. In 2023, the selection process for affordability review included multiple criteria: orphan-designated drugs were removed, drugs were reviewed based on payer-paid cost data from the data call submissions, and drugs reported to the APAC program across Medicare, Medicaid, and commercial lines of business

were included. To ensure broader public impact, drugs with fewer than 1,000 enrollees reported the APAC reports were excluded from consideration.

Senate Bill 844 (2021) created the Prescription Drug Affordability Board (PDAB) to evaluate the cost of prescription drugs and protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in Oregon and other stakeholders within the health care system from the high costs of prescription drugs.

Drug information[11]

Drug proprietary name(s)	Ubrelvy®
Non-proprietary name (active ingredient):	*ubrogepant*
Manufacturer	AbbVie, Inc.
Treatment:	A calcitonin gene-related peptide (CGRP) receptor antagonist indicated for the acute treatment of migraine with or without aura in adults.
Dosage strength	50 mg and 100 mg
Recommended dosing:	50 – 100 mg as needed for acute migraine attack
Rought of administration	By mouth
Physician administered	No

FDA approval

Ubrelvy was first approved by the FDA on Dec. 23, 2019.[12]

The drug qualified for the following expedited forms of approval: Standard

At time of the review, the drug had no approved designation under the Orphan Drug Act.

Health inequities

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source through APAC.

Clinical trials for migraine medications—including **Emgality (fremanezumab), Emgality (galcanezumab), Nurtec ODT (rimegepant)**, and **Ubrelvy (ubrogepant)**—have historically underrepresented racial and ethnic minority groups. A review of migraine clinical trials published in *Headache* found that **less than 15 percent** of participants across studies identified as non-white, with **Black Americans comprising less than 2 percent** of study cohorts in many

[11] U.S. Food & Drug Administration. Ubrelvy (ubrogepant) Prescribing Information. AbbVie Inc., Revised 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/211765s007lbl.pdf.

[12] FDA approval date based on the earliest occurring approval dates in the FDA Orange/Purple Book. For drugs with multiple forms/applications, the earliest approval date across all related FDA applications was used.

trials—despite experiencing migraine at similar or greater rates than white populations.[13] This lack of diversity limits the generalizability of trial findings and raises concerns about whether these medications perform equally well across all demographic groups.

The **Institute for Clinical and Economic Review (ICER)** highlighted similar concerns in its review of acute migraine treatments, noting that **trial enrollment did not reflect the real-world racial and ethnic diversity of people living with migraine**, particularly underrepresenting Black and Hispanic patients.[14] In contrast, the FDA's *Drug Trials Snapshot* for **Nurtec ODT** provides limited but promising subgroup data: pain relief rates were found to be **comparable across racial groups,** with **23.3 percent of Black participants and 21.2 percent of white participants** achieving pain freedom at two hours.[15] However, without consistent subgroup analysis across all CGRP-targeting therapies, disparities in both trial design and real-world access remain.

R**eal-world evidence** shows that **Black and Hispanic individuals are less likely to be diagnosed with migraine or prescribed advanced treatments**, even when accounting for socioeconomic status. This reflects broader systemic inequities in pain recognition, access to specialists, and treatment authorization. Compounding these disparities are **structural barriers** such as geographic isolation, lower health literacy, and provider bias[16]—all of which influence medication adherence, proper use of self-injection therapies, and management of side effects.

To ensure equitable care, future clinical research should prioritize diverse enrollment and transparent subgroup reporting, while health systems and payers must address access and affordability gaps for historically underserved populations.

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

Based on APAC claims, **2,288** Oregonians filled a prescription for Ubrelvy in 2023.[17]

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

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[13] Robbins NM, Bernat JL. "Minority Representation in Migraine Treatment Trials." *Headache*. 2017;57(3):525-533. PMID: 28127754.

[14] Institute for Clinical and Economic Review (ICER). "Acute Migraine Treatments – Final Evidence Report." January 2020. https://icer.org/wp-content/uploads/2020/10/ICER_Acute-Migraine_Evidence_Report_011020_updated_011320_-2.pdf.

[15] FDA. "Drug Trials Snapshot: Nurtec ODT." https://www.fda.gov/drugs/development-approval-process-drugs/drug-trials-snapshots-nurtec-odt.

[16] Williams DR, Mohammed SA. "Discrimination and Racial Disparities in Health: Evidence and Needed Research." *J Behav Med*. 2009;32(1):20–47. PMC2443411.

[17] Based on 2023 data collected by DCBS under authorities granted in ORS 731.296 and OES 646A.963 through ORS 646A.697 from Oregon health insurance plans. Cost information from the data call is the cost of the drug after price concessions.

This section examines the pricing dynamics of Ubrelvy, drawing on multiple data sources to characterize its historical cost trends and implications for affordability. It includes an analysis of the wholesale acquisition cost (WAC) and the Oregon Actual Average Acquisition Cost (AAAC), compared to its therapeutic alternatives. Together, the data provides a comprehensive view of Ubrelvy's list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply was calculated with unit WAC from Medi-Span and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug's cost throughout the supply chain.

Table 3 30-day supply for review drug and its therapeutic alternatives

	Ubrelvy	Nurtec ODT	Zavzpret
30-day supply	8 units (8 pills)	15 units (15 pills)	8 units (8 sprays)

Table 4 Drug vs. therapeutic alternatives for 2018-2024 WAC per 30-day supply[18]

Year	Ubrelvy	Nurtec ODT	Zavzpret
2018			
2019			
2020	$680	$1,594	
2021	$714	$1,673	
2022	$750	$1,724	
2023	$787	$1,784	$1,467
2024	$827	$1,873	$1,467
Avg. Annual % Change	5.0%	4.1%	0.0%
% change 2018 and 2024			

The WAC of Ubrelvy, averaged across three NDCs reported, was approximately **$103 per unit** at the end of 2024.[19] Between 2020-2024, the unit WAC increased at an average annual rate of **5.0 percent**, exceeding the general consumer price index (CPI-U) inflation rate in 2022–2023, and 2023–2024 (see Table 5 and Figure 2).[20]

[18] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[19] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[20] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

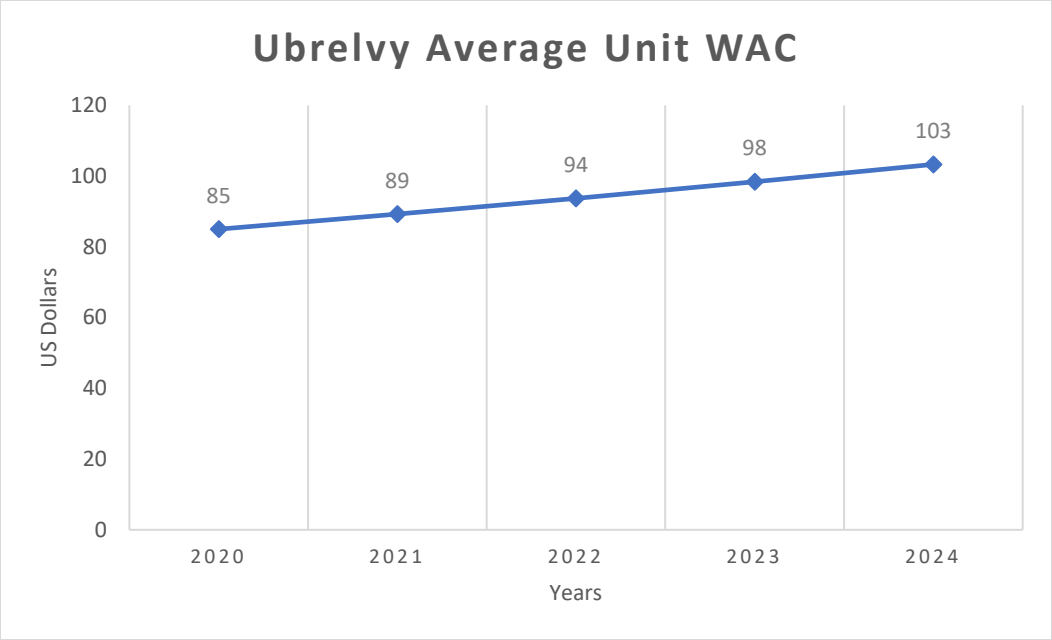

Figure 1 Ubrelvy average unit WAC from 2020-2024

Table 5 Percent change of WAC of drug and therapeutic alternatives with CPI comparison[21]

Year	Ubrelvy	Nurtec ODT	Zavzpret	CPI-U
2018-2019				1.7%
2019-2020				0.7%
2020-2021	5.0%	5.0%		5.3%
2021-2022	5.0%	3.0%		9.0%
2022-2023	5.0%	3.5%	0.0%	3.1%
2023-2024	5.0%	5.0%	0.0%	3.0%

[21] Percentages might differ from Table 4 as Table 5 percentages are based on unit WAC only.

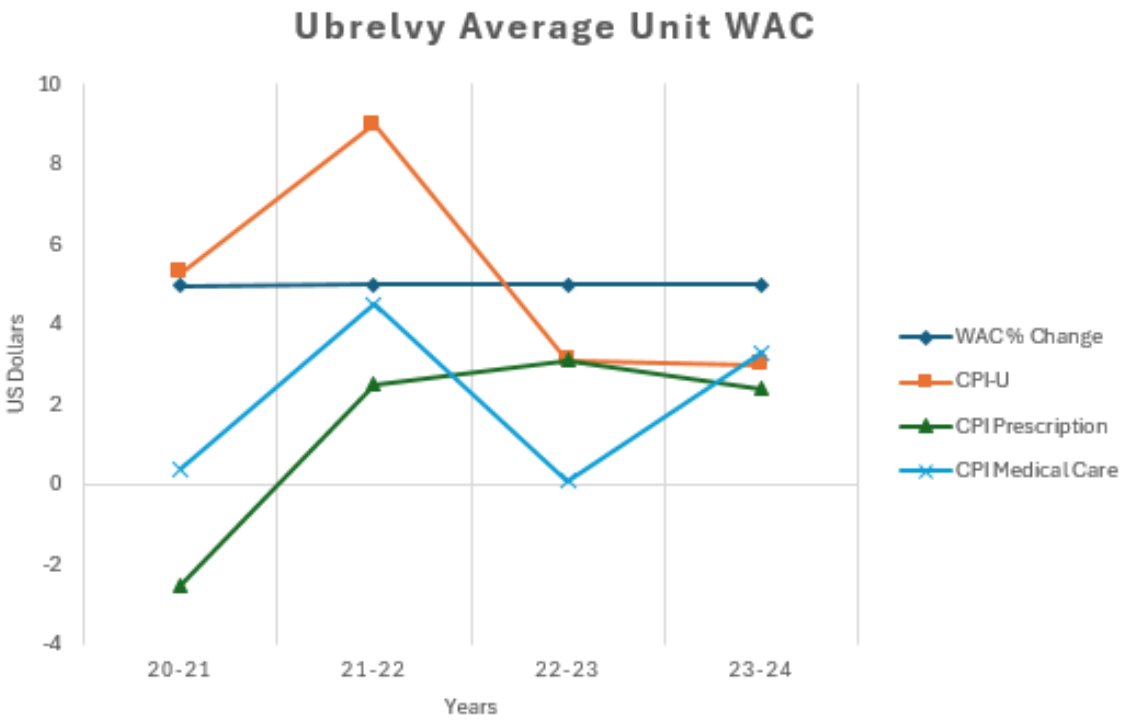

Figure 2 Year over year change in unit WAC compared to inflation rates[22]

Pharmacy acquisition costs

The AAAC, which reflects pharmacies' actual purchase prices for Medicaid fee-for-service claims, rose from **$81 per unit in Q3 2020 to $99 per unit in Q4 2024**, an approximate **22 percent increase** over the period (see Table 6).[23] Relative to the $103 WAC in end-of-year 2024 an **AAAC discount of 4.04%** is indicated.

While WAC provides a standardized benchmark of list price, it does not account for negotiated price concessions. In contrast, the AAAC offers a more representative estimate of the net price incurred by Medicaid payers in Oregon, derived from regular pharmacy surveys conducted by the Oregon Health Authority. Monitoring these trends over time contextualizes Entresto's price trajectory relative to inflation and informs the assessment of its affordability for public and private payers.

[22] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[23] Average Actual Acquisition Cost (AAAC) Rate Listing for Brand Drugs. Pharmacy Prescription Volume Survey, January 2020 to December 2023. AAAC Rate Review. Myers and Stauffer and Oregon Health Authority. https://myersandstauffer.com/client-portal/oregon/.

Table 6 2020-2024 AAAC Medicaid FFS quarterly purchase prices

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average AAAC	Average WAC
2020			$81	$81	$81	$85
2021	$85	$86	$86	$86	$85	$89
2022	$89	$90	$90	$90	$90	$94
2023	$94	$95	$95	$94	$94	$98
2024	$99	$99	$99	$99	$99	$103

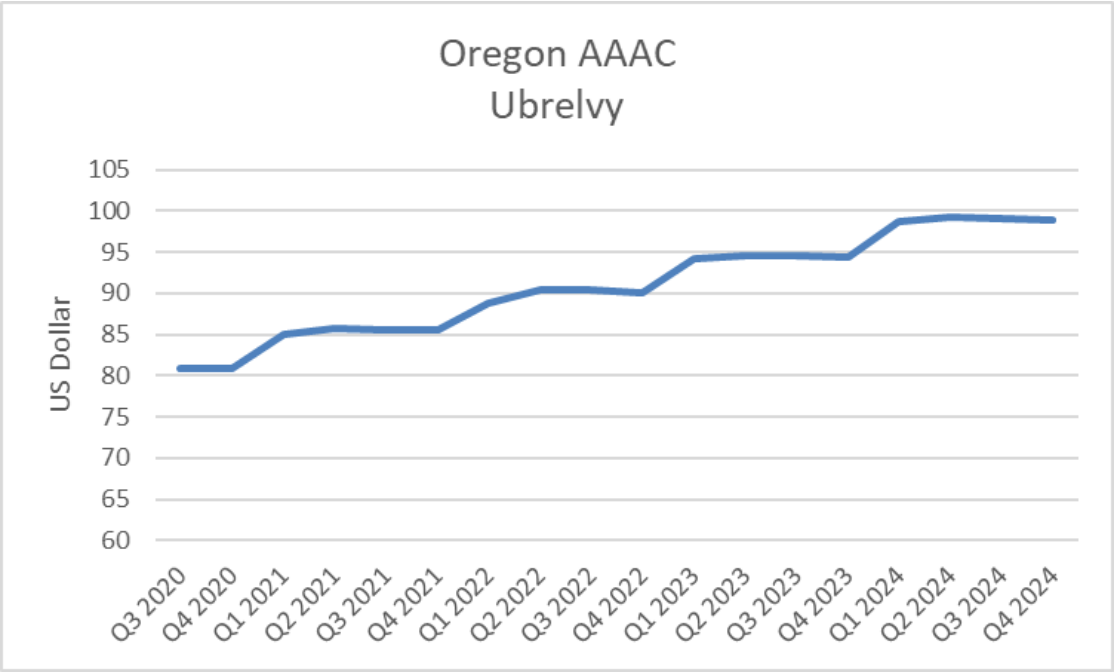

Figure 3 AAAC for Ubrelvy from Q3 2020 to Q4 2024

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Ubrelvy claims in the commercial market. Drawing on 2023 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2023, the **average gross cost of Ubrelvy per enrollee in the commercial market was approximately $3,603**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net cost per enrollee declined to approximately $2,777**, reflecting an **estimated mean discount of 22.9 percent** relative to gross costs.

Across all reporting carriers and market segments, **the total cost of Ubrelvy before concessions was $4,814,240**, with total reported price concessions amounting to approximately **$1,104,328**, as detailed in Table 7. Notably, **67.2 percent of claims benefited from some form of price concession**, leaving **32.8 percent at full gross cost**.

Table 7 Net cost estimate based on carrier submitted 2023 data

Total number of enrollees	1,336
Total number of claims	4,710
Total number of claims with price concessions applied	3,167
Percentage of claims with price concessions applied	67.2%
Percentage of cost remaining after concessions	77.1%
Percentage of discount	22.9%
Manufacturer price concessions for all market types	$761,388
PBM price concessions for all market types	$297,367
Other price reductions for all market types	$45,574
Cost before price concessions across all market types	$4,814,240
Total price concessions across all market types	$1,104,328
Cost of after price concessions across all market types	$3,709,912
Avg. payer spend per enrollee without price concessions	$3,603
Avg. payer spend per enrollee with price concessions	$2,777

Including all market segments, the **gross spend of Ubrelvy per claim for commercial carriers was $1,022** before any discounts, rebates, or other price concessions. The net cost per enrollee discounts, rebates, and other price concessions was **$788**, meaning that insurers reported a price concession of **$234** per claim on the initial drug cost as shown in Table 8.

Table 8 The average price concessions across market types provided from Data Call[24]

	Average	Individual market	Large market	Small market
Spend per claim, gross	$1,022	$1,106	$992	$1,142
Spend per claim, net	$788	$784	$775	$881
Price concessions per claim	$234	$322	$217	$260

Figure 4 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

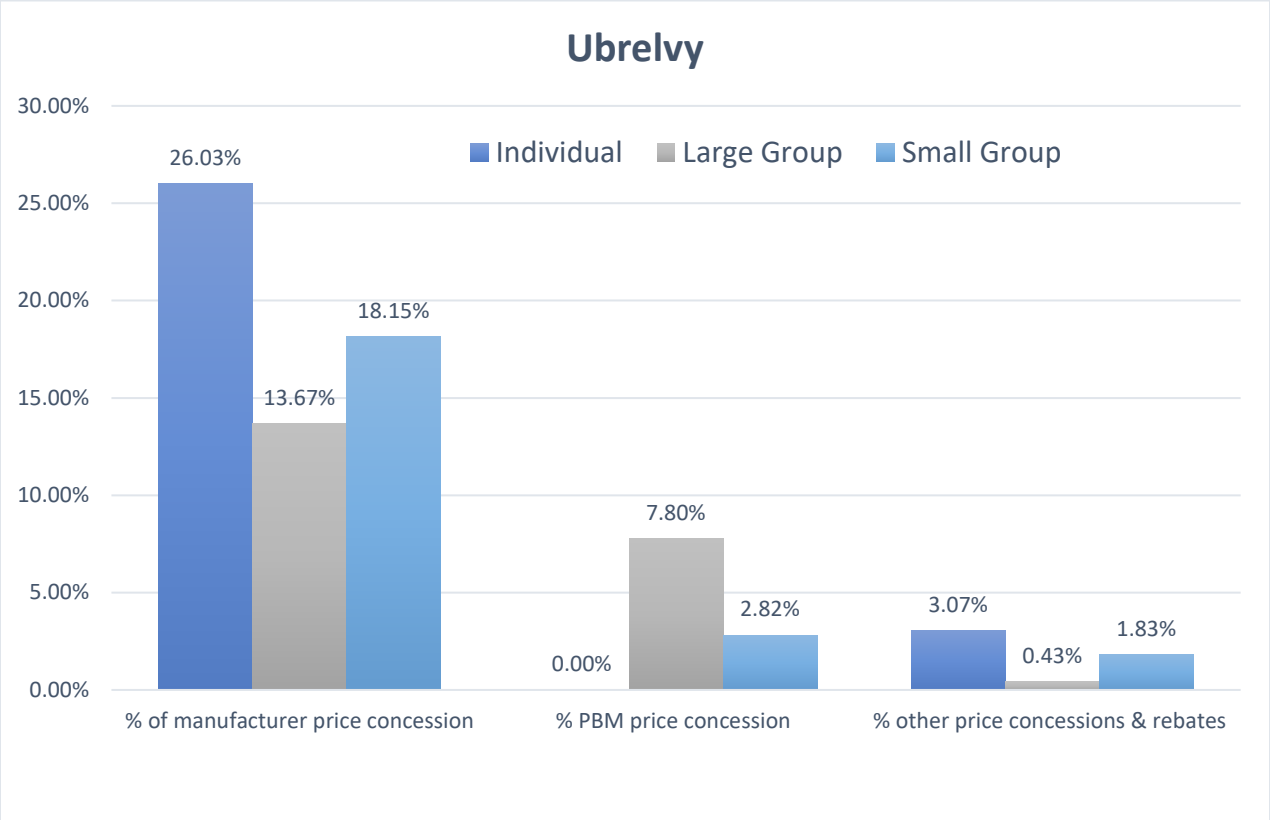

Figure 4 Percent of price concession in each market type

[24] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

Estimated total amount of the price concession

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Ubrelvy to each pharmacy benefit manager, expressed as a percentage of the drug's price. At the time of this review, no specific data were available to PDAB to determine the total amount of such price concessions in the Oregon market.

The statutory and regulatory criteria call for consideration of such information to the extent practicable; however, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate these data as they become available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

Estimated price for therapeutic alternatives[25]

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC.

This section presents information on the estimated spending associated with Ubrelvy and its therapeutic alternatives using data from APAC and data call collection for 2023 information. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon, while the data call includes net spending date submitted by 11 commercial health insurers. All therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Ubrelvy's **gross payer paid per claim, based on APAC data, was $893**, while **net cost data showed a lower per-claim amount of $873**. Compared to Ubrelvy, both therapeutic alternatives had higher payer costs per claim, at $1,072 and $1,009. Nurtec ODT had 12,335 claims, which is more comparable to the utilization of Ubrelvy than Zavspret, which had 41 claims.

Out-of-pocket costs also varied with **enrollee payments for Ubrelvy in APAC averaging $104 per claim**. Therapeutic alternatives such as Nurtec ODT and Zavzpret reported enrollee-paid amounts ranging from $60 to $122 per claim.

Neither the drug nor the therapeutic alternatives were reported by the FDA for drug shortage, thus availability is assumed to be unaffected.

[25] Therapeutic alternative means a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. ORS 925-200-0020(2)(c).

Table 9 Average healthcare and average enrollee OOP costs for Ubrelvy vs therapeutic alternatives[26]

Proprietary name	No. of enrollees [27]	No. of claims	Total payer paid	Total enrollees paid	Payer paid/ claim	Enrollee paid/ claim[28]
Subject Drug **Ubrelvy (data call)**[29]	**1,336**	**4,710**	**$4,113,406**	**$561,903**	**$873**	**$119**
Subject Drug **Ubrelvy (APAC)**	**2,288**	**11,854**	**$10,583,552**	**$1,230,446**	**$893**	**$104**
Nurtec ODT	2,478	12,335	$13,227,665	$1,503,175	$1,072	$122
Zavzpret	18	41	$41,360	$2,447	$1,009	$60

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the estimated average of discounts, rebates, or other price concessions associated with therapeutic alternatives to Ubrelvy, as compared to the subject drug itself. At the time of this review, no quantifiable data were available to PDAB to assess the average price concessions for the identified therapeutic alternatives in the Oregon market.

The statutory and regulatory criteria call for consideration of such information to the extent practicable; however, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this information as additional data become available through carrier reporting, manufacturer disclosures, or other sources.

[26] The therapeutic alternative information is based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[27] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business indicating, meaning that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers, as compared to other totals indicated in this report.
[28] Ibid.
[29] Information from the data call with the cost information after price concessions.

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the financial impact of Ubrelvy on health insurance plans in Oregon, based on claims and expenditure data from APAC and the carrier data call. Costs are delineated by payer type—including commercial, Medicaid, and Medicare—as well as by market segment within the commercial population. These estimates highlight the distribution of expenditures across different health coverage lines and inform assessments of the drug's budgetary implications for public and private payers.

In 2023, the Oregon APAC database recorded **11,854 total claims for Ubrelvy among 2,431 total enrollees**, corresponding to a **total system gross expenditure of $10.6 million.**

Table 10 provides gross cost estimates by the total APAC system spend across all lines of business:

- **Commercial** accounted for the largest share of utilization, with 6,871 claims from 1,343 enrollees and a total spend of **$5.8 million**.
- **Medicare** and **Medicaid** payers reported smaller but notable expenditures of approximately **$2.7 million** and **$2.1 million**, respectively.

Table 10 Estimated 2023 APAC total annual gross payers' expenditure for total enrollees and total claims [30]

Payer line of business	Total enrollees	Total claims	Total payer paid	Average cost amount per enrollee	Average cost amount per claim
Commercial	1,343	6,871	$5,768,819	$4,295	$840
Medicaid	491	2,323	$2,129,488	$4,337	$954
Medicare	597	2,751	$2,685,245	$4,498	$976
Totals	**2,431**	**11,854**	**$10,583,552**		

Table 11 provides APAC claims utilization **across all lines of business** with **11,854 total claims for Ubrelvy. Ubrelvy has the highest utilization in the commercial sector** and has the second highest utilization overall. The drug with the highest utilization is Nurtec ODT at 12,335 claims.

[30] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

Table 11 Estimated APAC payer 2023 utilization of review drug and its therapeutic alternatives [31]

Proprietary name	Commercial utilization	Medicaid utilization	Medicare utilization	Total claims[32]
Ubrelvy	6,871	2,323	2,751	11,854
Nurtec ODT	6,541	1,842	3,952	12,335
Zavzpret	13	3	25	41

Table 12 shows the overall payer expenditure of Ubrelvy and its therapeutic alternatives, distinguished by lines of business. Ubrelvy has a **total expenditure of $10.6 million** with **commercial being the biggest portion at $5.8 million**. The therapeutic alternative with the **least expenditure is Zavzpret, at $41,360.**

Table 12 Estimated APAC payer 2023 annual gross expenditure of the review drug and its therapeutic alternatives from all lines of business [33]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[34]
Ubrelvy	$5,768,819	$2,129,488	$2,685,245	$10,583,552
Nurtec ODT	$6,396,237	$2,024,678	$4,806,730	$13,227,665
Zavzpret	$12,310	$2,206	$26,845	$41,360

Table 13 compares the overall payer cost per enrollee of Ubrelvy and its therapeutic alternatives, distinguished by lines of business. Nurtec ODT has the highest total cost per enrollee at $5,338. **Ubrelvy has the second highest total cost per enrollee of $4,626. The median cost per enrollee for Ubrelvy is $868, the lowest median of the total cost per enrollee**, though it is comparable to the median of the total cost per enrollee for Nurtec ODT, which is $913.

[31] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[32] Total is the sum of all utilization for the drug across all lines of business.
[33] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[34] Total is the sum of all expenditure for the drug across all lines of business.

Table 13 Estimated 2023 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives [35]

Proprietary name	Commercial cost/ enrollee	Medicaid cost/ enrollee	Medicare cost/ enrollee	Total[36] cost per enrollee	Cost per enrollee, median	IQR	Cost per enrollee, 75th percentile	Cost per enrollee, 95th percentile
Ubrelvy	$4,295	$4,337	$4,498	$4,626	$868	$306	$968	$1,630
Nurtec ODT	$4,608	$4,962	$5,709	$5,338	$913	$808	$1,535	$2,023
Zavzpret	$2,052	$1,103	$2,684	$2,298	$1,048	$206	$1,112	$1,175

Data submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost to the healthcare system was around $4.7 million**, with payer paying $4.1 million, and enrollees out-of-pocket estimating to be $561,903. Table 14 includes the average plan costs per enrollee in the commercial market ranged from **$3,812 (individual)** to **$3,402 (small group)** annually.

Table 14.a Estimated 2023 total net costs to the healthcare system, payers, and OOP/enrollee[37]

Market	Number of claims	Number of enrollees	Total annual spending	Payer paid	Enrollee out-of-pocket cost
Individual	562	158	$602,365	$446,880	$155,485
Large Group	3,628	1,025	$3,552,472	$3,306,012	$246,460
Small Group	520	153	$520,471	$360,514	$159,957
Total	**4,710**	**1,336**	**$4,675,309**	**$4,113,406**	**$561,903**

Table 14.b Estimated 2023 total net costs to the healthcare system, payers, and OOP/enrollee

Market	Avg. plans spend/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. plans spend/ enrollee	Avg. payer paid/ enrollee	Avg. OOP/ enrollee
Individual	$1,072	$795	$277	$3,812	$2,828	$984
Large Group	$979	$911	$68	$3,466	$3,225	$240
Small Group	$1,001	$693	$308	$3,402	$2,356	$1,045

[35] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[36] The total is the overall cost per enrollee across commercial insurers, Medicaid, and Medicare.
[37] Cost information from the data call is the cost of the drug after price concessions.

As shown in Figure 5, the **large group market segment** represented the majority of commercial spending (76% of total), followed by individual group and small group markets.

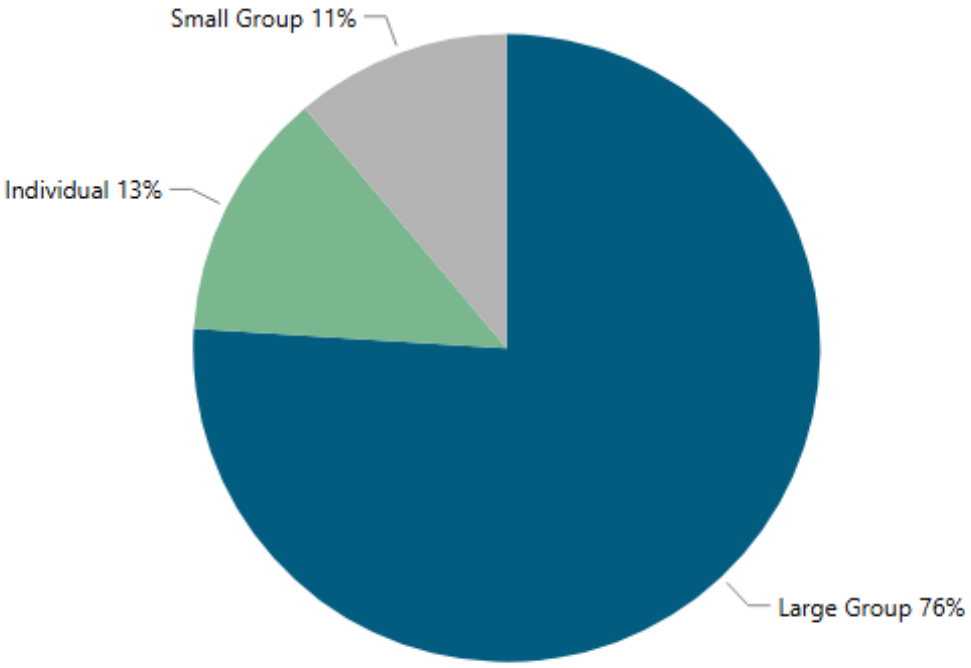

Figure 5 Data call percent of total annual spend (payer paid) by market

Impact on enrollee access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Ubrelvy, including prior authorization requirements, step therapy protocols, and formulary placement. These data describe how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the follow plan design features were observed for Ubrelvy. In 2023, approximately **68.8% of reporting plans required prior authorization (PA)** for coverage of the drug, and **3.1% of plans required step therapy** before approving its use.

For formulary placement, **90.4% of plans categorized Ubrelvy as a non-preferred drug** and **1.8% excluded it entirely from the formulary**.

Table 15 Plan design analysis from 2023 data

Percentage of Plan	
Required prior authorization	68.8%
Required step therapy	3.1%
On a non-preferred formulary	90.4%
Not covered	1.8%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Ubrelvy may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, no quantifiable data were available to PDAB to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria contemplate consideration of such impacts to the extent practicable. However, due to limitations in available evidence, data systems, and the challenges inherent in isolating the indirect effects of a single drug on broader healthcare or social service costs, this analysis was not performed.

Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average enrollee copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Ubrelvy in Oregon, as reported in 2023 by the two data sources: the Oregon All Payers All Claims (APAC)

database and the carrier data call.[38] These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance type and commercial market segment.

Table 16 and 17 presents the average annual enrollee cost-sharing amounts derived from APAC and carrier-submitted data. The APAC data, which includes claims from commercial, Medicaid, and Medicare enrollees, showed average per-claim and per-enrollee OOP gross costs that varied by payer line of business. For example, **commercially insured enrollees recorded higher average annual OOP costs** than Medicare enrollees. Due to the absence of Medicaid OOP costs, the insurance type has been omitted entirely from the following tables.

Table 16 Review drug vs. therapeutic alternatives and annual out-of-pocket cost per enrollee [39]

Proprietary name	Annual Medicare OOP cost/ enrollee	Annual Commercial OOP cost/ enrollee	Total[40]	Median	IQR	75th percentile	95th percentile
Ubrelvy	$415	$738	$648	$38	$189	$189	$955
Nurtec ODT	$505	$797	$695	$35	$226	$226	$950
Zavzpret	$162	$138	$153	$35	$173	$173	$1,576

Table 17 Review drug vs. therapeutic alternatives and out-of-pocket cost per claim

Proprietary name	Medicare OOP cost/claim	Commercial OOP cost/claim	Total[41]	Median	IQR	75th percentile	95th percentile
Ubrelvy	$90	$144	$129	$30	$90	$90	$764
Nurtec ODT	$108	$169	$146	$30	$100	$100	$900
Zavzpret	$65	$63	$64	$10	$58	$60	$170

[38] Gross costs from the APAC database are prior to any price concessions such as discounts or coupons. Net cost information from the data call is the cost of the drug after price concessions.
[39] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[40] The total is the overall cost per enrollee across commercial insurers, Medicaid, and Medicare.
[41] The total is the overall cost per claim across commercial insurers, Medicaid, and Medicare.

Clinical information based on manufacturer material[42]

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved: acute treatment of migraine with or without aura in adults.
- Off Label Uses: None

Clinical efficacy

Ubrogepant (Ubrelvy) is an oral CGRP receptor antagonist indicated for the acute treatment of migraine with or without aura in adults. It is not approved for migraine prevention. Its efficacy was demonstrated in two pivotal randomized, double-blind, placebo-controlled trials: Study 1 (ACHIEVE I) and Study 2 (ACHIEVE II) comparing Ubrogepant 50 mg and 100 mg to placebo in adults during a single migraine attack. The co-primary outcomes were pain freedom and freedom from most bothersome symptoms (MBS) at 2 hours post-dose.

Table 18 Clinical Efficacy of Ubrogepant

	Ubrogepant 50 mg	Ubrogepant 100 mg	Placebo
Pain freedom at 2 hours			
Study 1	19.2% OR 1.83; 95% CI 1.25 to 2.66)	21.2% OR 2.04 (95% CI, 1.41 to 2.95)	11.8%
Study 2	21.8% OR 1.62; 95% CI 1.14 to 2.29	N/A	14.3%
Most Bothersome Symptom Freedom at 2 hours			
Study 1	38.6% OR 1.70 (95% CI, 1.27 to 2.28)	39.7% OR 1.63 (95% CI, 1.22 to 2.17)	27.8%
Study 2	38.9% OR 1.65 (95% CI, 1.25 to 2.20)	N/A	27.4%

Long-Term Use

- In an open-label extension study, 813 patients used Ubrelvy intermittently for up to 1 year.
- Only 2.5% discontinued due to adverse events.
- The most common reason for discontinuation was nausea.

Interpretation: Overall, Ubrogepant 50 mg and 100 mg resulted in higher rates of freedom from pain at 2 hours, by an average of 9% higher, compared to placebo. Freedom from most bothersome symptoms at 2 hours was also higher with both doses compared to placebo.

[42] U.S. Food & Drug Administration. Ubrelvy (ubrogepant) Prescribing Information. AbbVie Inc., Revised 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/211765s007lbl.pdf.

Beyond 2 hours, Ubrogepant has been shown to result in more sustained pain freedom at 1 day compared to placebo (RR 1.63; 95% CI 1.29 to 2.07) and discontinuations due to adverse events were low (2.5%) in an open-label extension study for up to 1 year. There is not a clear dose response, with similar rates and overlapping confidence intervals between the 50 mg and 100 mg dose.

Clinical safety

- FDA safety warnings and precautions:
  - Hypersensitivity Reactions: Severe hypersensitivity reactions have included anaphylaxis and dyspnea. These reactions can occur within minutes, hours, or days after administration.

- Contraindications:
  - Concomitant use with strong CYP3A4 inhibitors.

- Common side effects: There is limited long term data evaluating the safety of Ubrogepant. In short term studies, it is well tolerated with few adverse events. The most common adverse reactions occurring in more than 2% of subjects include: nausea, xerostomia, and somnolence.

Therapeutic alternatives[43,44,45]

Table 19 FDA-Approved Indications

Drug	Manufacturer (year approved)	Dose	Formulation	Approved Indication*	Onset of Action
Small molecule CGRP Receptor Antagonists (rapid acting)					
Subject Drug ***Ubrogepant* (Ubrelvy)[28]**	Abbvie (2019)	50 – 100 mg once, may repeat dose	Oral	Acute migraine treatment	<2 hours
***Rimegepant* (Nurtec ODT)[29]**	Pfizer (2020)	75 mg once as needed	Oral dissolving tablet	Acute migraine treatment Migraine prevention	< 2 hours
***Zavegepant* (Zavzpret) [30]**	Pfizer (2023)	10 mg once as needed	Intranasal	Acute migraine treatment	< 2 hours
***All agents FDA approved for adults only**					

[43] U.S. Food & Drug Administration. Ubrelvy (ubrogepant) Prescribing Information. AbbVie Inc., Revised 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/211765s007lbl.pdf.
[44] U.S. Food & Drug Administration. Nurtec ODT (rimegepant) Prescribing Information. Pfizer, Revised 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/212728s009lbl.pdf.
[45] U.S. Food & Drug Administration. Zavzpret (zavegepant) Prescribing Information. Pfizer, Approved 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/216386s000lbl.pdf.

Comparative efficacy: There are no trials directly comparing CGRP inhibitors for the treatment of acute migraine. Effect size for each drug against placebo is included in Table 13.

Table 20 Efficacy (Clinical Trials)

Drug	Pain Freedom @ 2h (mean difference from placebo/ number needed to treat (NNT)	Freedom from most bothersome symptoms at 2 hours (mean difference from placebo/ number needed to treat (NNT)
Small molecule CGRP Receptor Antagonists (rapid acting)		
Subject Drug ***Ubrogepant* (Ubrelvy)[28]**	7.4-9.4%% (50–100 mg) NNT ~11-14	10.8-11.5% NNT ~10
***Rimegepant* (Nurtec ODT)[29]**	7.6 – 10.4% NNT ~10-14	8.3% -12.4% NNT 9-13
***Zavegepant* (Zavzpret) [30]**	7% NNT ~11-13	8.3% - 8.9% NNT 12-13

Table 21 Adverse Effect (AE) Profile

Drug	Most Common AEs	Serious AEs	Discontinuation Rate (AE)	Additional Info
Small molecule CGRP Receptor Antagonists (rapid acting)				
Subject Drug ***Ubrogepant* (Ubrelvy)[28]**	Nausea (4%), somnolence (3%)	Rare hypersensitivity	~2.5% (long-term study)	Avoid with strong CYP3A4 inhibitors
***Rimegepant* (Nurtec ODT)[29]**	Nausea (2%), stomach pain (<2%)	Hypersensitivity	~2%	Avoid in severe liver and renal impairment and with strong CYP3A4 inhibitors/inducers
***Zavegepant* (Zavzpret) [30]**	Taste disturbance (~18%), nasal discomfort	Rare hypersensitivity, anaphylaxis	~3%	Avoid in severe liver and renal impairment

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See appendix page for all stakeholder feedback.

Patients and caregivers:

Note: The information presented is based on self-reported survey responses from individuals prescribed certain medications. Participation in the survey was voluntary, and the responses reflect the individual's personal understanding and interpretation of the question asked. As such, the data may contain inconsistencies or inaccuracies due to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the responses.

Survey information was received from four individuals taking or having an association with Ubrelvy. According to the survey results, two respondence had Ubrelvy covered under the insurance.

One respondent with Medicare was not on a patient assistance program (PAP) and had the drug covered and paid between $0-$49 monthly for the medication. Two individuals with private insurance did not have the drug covered by their carriers, with one not being on a PAP and paying between $0-$49 monthly for the medication. One respondent reported having the drug covered by insurance, was on a PAP and paying between $100-$199 monthly for the medication.

Below are written answers from Oregon patients who responded to the PDAB survey in April 2025. Survey responses have been edited for readability, length and to protect patient privacy.

"Ubrelvy"

- This is the only migraine medicine I have tried that actually relieves my symptoms without making me feel awful afterward. I have tried Excedrin, which gives me rebound headaches, and Sumatriptan, which makes me feel dizzy and nauseous. I am on a patient assistance program.
- I used to pay $40 but insurance won't cover it anymore. It's the only medication that's ever worked for migraines. Ubrelvy stops migraines. All other migraine meds had horrible side effects and didn't work. It was covered until this year. I have OHP Open Card as well and OHP won't cover it at all.
- It helps reduce a migraine. I have tried triptans and over the counters, other low dose anti-depressants with minimal impact.

- I paid $10 for this medication with a program from drug manufacturer. It would be over $1,000 otherwise with insurance! It can completely stop a migraine, which very few meds do! I tried at least five different medications and they didn't work. This is a newer medication which I would not be able to afford without the program from the drug company. Ubrelvy should be more accessible since it is effective with minimal side effects.

Individuals with scientific or medical training

A survey of healthcare professionals with scientific or medical training identified key barriers for patients in accessing medications.One healthcare professional reported prior authorization, one healthcare professional reported step therapy, one healthcare professional reported quantity limit, and one healthcare professional reported medication cost of Ubrelvy were administrative burdens and laborious for patients to

Safety net providers

The information reported by safety net providers express their experience dispensing Ubrelvy ODT, particularly in relation to the federal 340B Drug Pricing Program. The survey collected information on utilization of the drug, the extent to which it was eligible for 340B discounts, dispensing arrangements, and payment and reimbursement levels.

A total of **11 safety-net clinics** responded to the survey. Among respondents, **four clinics indicated that Ubrelvy ODT was covered as a 340B-eligible prescription** within their programs. Most clinics (91%) reported operating an internal pharmacy for dispensing 340B-eligible medications, and 64% reported using one or more contract pharmacies for this purpose.

Additionally, **82 percent of clinics reported having a prescription savings program**, and all respondents (100%) reported employing a staff member dedicated to 340B compliance.

Regarding expenditures under the 340B program, respondents reported a range of total amounts paid for Ubrelvy ODT: **27 percent** reported paying between **$0–$100,000**, **18 percent** reported between **$100,001–$300,000**, while **55 percent declined to report citing trade secret protections**.

Reported reimbursement for dispensing Ubrelvy ODT under 340B also varied: **18 percent** of respondents reported reimbursement between **$0–$100,000**, **nine percent** between **$100,001–$500,000**, and **18 percent** between **$500,000–$10,000,000**.

Without additional detail on the volume of patients treated or the per-claim costs, it is difficult to interpret the figures in terms of clinic financial risk or access outcomes. The wide range may reflect differing clinic sizes, patient populations, or inventory management practices. Notably, the absence of full reporting by 55 percent of clinics makes it challenging to assess how Ubrelvy's cost affects long-term affordability or sustainability for safety-net providers.

These results suggest that while Ubrelvy ODT is incorporated into many safety-net programs, further data would be necessary to understand how reimbursement aligns with acquisition cost and whether 340B discounts adequately mitigate financial exposure for patients and the healthcare system.

Table 22 Safety net provider survey responses

Survey information	Response
Clinics responded	11
The drug is covered as a 340B eligible prescription in their program	4
Reported having an internal pharmacy they use to dispense 340B eligible prescriptions.	91%
Reported having one or more contract pharmacies from which 340b eligible prescriptions are dispensed.	64%
Reported having a prescription savings program to improve patient access to prescription medications	82%
Reported having a staff person dedicated to 340b compliance requirements	100%
Reported total amount paid for drug under 340B was between $0-$100,000	27%
Reported total amount paid for drug under 340B was between $100,001-$300-000	18%
Reported total amount paid for drug under 340B was between this was trade secret and did not provide an amount	55%
Reported total reimbursement for drugs dispensed under 340B was between $0-$100,000	18%
Reported total reimbursement for drugs dispensed under 340B was between $100-001-$500,000	9%
Reported total reimbursement for drugs dispensed under 340B was between $500,000-$10,000,000	18%

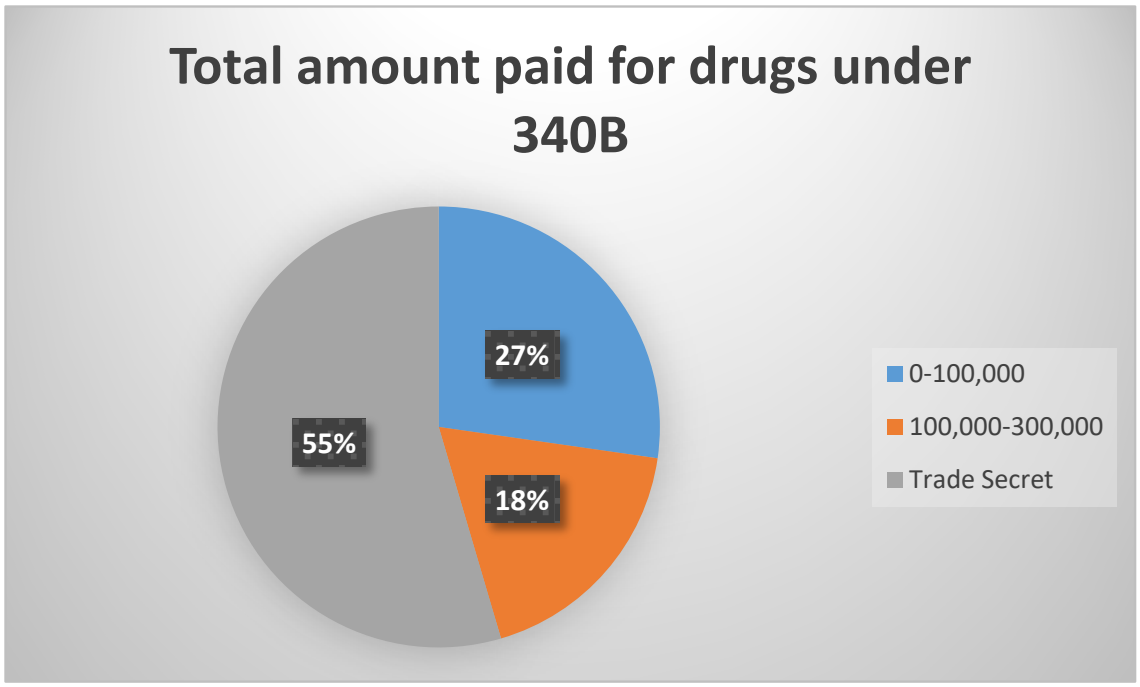

Figure 6 Amounts paid for drug under 340B discount program

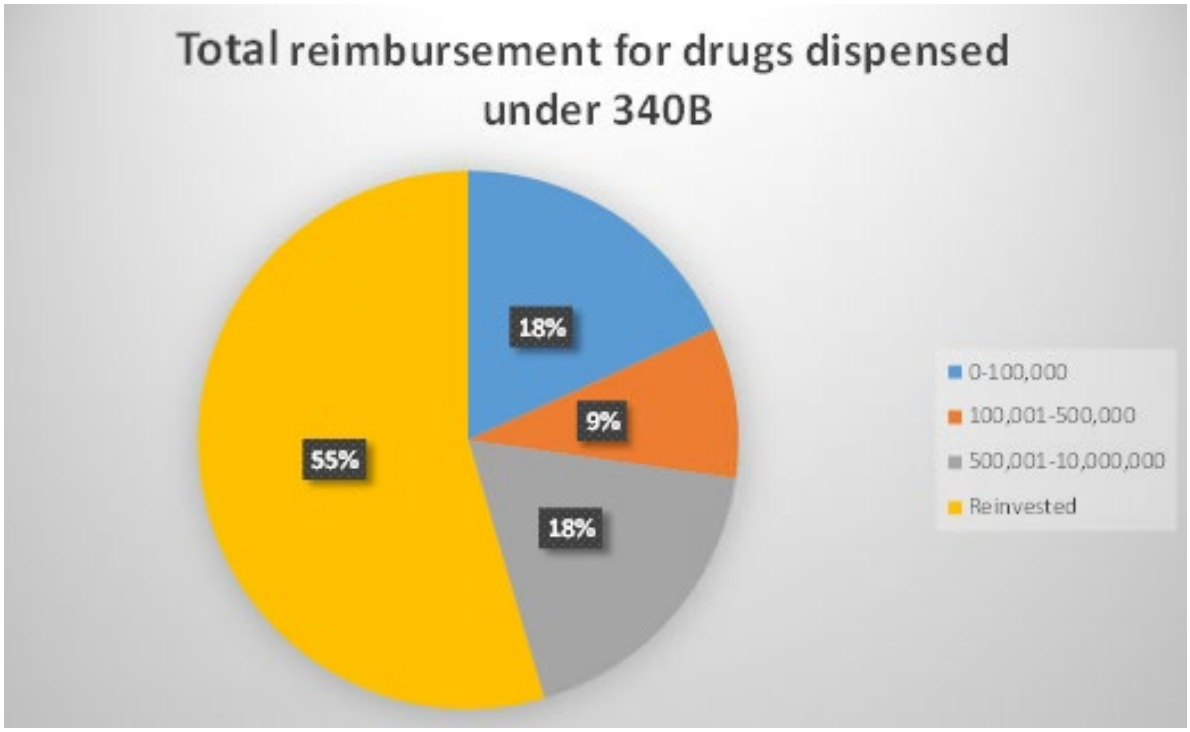

Figure 7 Estimated reimbursement ranges in dollars for potential reimbursement with drugs dispensed under 340B program

Payers

Relevant information from payers is incorporated throughout the material packed based on the data submitted through the formal data call process. This includes details on the total cost of care for the disease, the cost and utilization of the prescription drug, the availability and formulary placement, therapeutic alternatives, as well as reported impacts to member costs.

The data provided through the carrier data call serves as a comprehensive source of payer input and reflects aggregates insights across participating organizations. No separate qualitative feedback or narrative statements were requested or received from individual payers for inclusion in the section.

Appendix

Stakeholder feedback:

Name of speaker	Association to drug under review	Drug	Format	Date	Exhibit website link
Lindsay Videnieks	The Headache & Migraine Policy Forum	Ubrelvy	Letter	7/14/2025	Exhibit A