

For the acute treatment of migraine with or without aura  
and the preventive treatment of episodic migraine in adults

**Nurtec**<sup>®</sup>ODT  
(rimegepant)  
orally disintegrating tablets 75 mg

## NURTEC ODT DOSAGE GUIDE

### ACUTE TREATMENT OF MIGRAINE<sup>1</sup>

Prescribe 8 or 16 tablets.

SIG: Take one Nurtec ODT 75 mg, **as needed**, for the acute treatment of migraine with or without aura.<sup>1</sup>

### PREVENTIVE TREATMENT OF EPISODIC MIGRAINE<sup>1</sup>

Prescribe 16 tablets.

SIG: Take one Nurtec ODT 75 mg **every other day** for the preventive treatment of episodic migraine.<sup>1</sup>

### Additional Considerations:

- A non-CGRP acute treatment can be used on days when Nurtec ODT is taken, if needed<sup>2</sup>
- The safety of using more than 18 doses in a 30-day period has not been established<sup>1</sup>
- The maximum dose in a 24-hour period is 75 mg<sup>1</sup>

CGRP=calcitonin gene-related peptide.



For more information, visit  
[nurtec-hcp.com/dosing-administration](https://nurtec-hcp.com/dosing-administration)

### SELECT IMPORTANT SAFETY INFORMATION

**Contraindications:** Hypersensitivity to Nurtec ODT or any of its components.

#### Warnings and Precautions

**Hypersensitivity Reactions:** If a serious hypersensitivity reaction occurs, discontinue Nurtec ODT and initiate appropriate therapy. Serious hypersensitivity reactions have included dyspnea and rash and can occur days after administration.

**Please see full Important Safety Information on the next page and click here for full Prescribing Information.**

## INDICATIONS

Nurtec ODT is indicated in adults for the:

- acute treatment of migraine with or without aura
- preventive treatment of episodic migraine

## IMPORTANT SAFETY INFORMATION

**Contraindications:** Hypersensitivity to Nurtec ODT or any of its components.

### Warnings and Precautions

**Hypersensitivity Reactions:** If a serious hypersensitivity reaction occurs, discontinue Nurtec ODT and initiate appropriate therapy. Serious hypersensitivity reactions have included dyspnea and rash and can occur days after administration.

**Hypertension:** Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including Nurtec ODT, in the postmarketing setting.

Monitor patients for new-onset hypertension or worsening of pre-existing hypertension and consider whether discontinuation is warranted.

**Raynaud's Phenomenon:** Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists, including Nurtec ODT.

If signs or symptoms of Raynaud's phenomenon develop, discontinue Nurtec ODT. Patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for and informed about the possibility of worsening or recurrence of signs and symptoms.

**Adverse Reactions:** The most common adverse reactions for Nurtec ODT vs placebo were nausea (2.7% vs 0.8%) and abdominal pain/dyspepsia (2.4% vs 0.8%).

**Drug Interactions:** Avoid concomitant administration of Nurtec ODT with strong inhibitors of CYP3A4 or strong or moderate inducers of CYP3A4. Avoid another dose of Nurtec ODT within 48 hours when it is administered with moderate inhibitors of CYP3A4 or potent inhibitors of P-gp.

**Use in Specific Populations:** *Pregnancy:* It is not known if Nurtec ODT can harm an unborn baby. *Lactation:* The transfer of rimegepant into breast milk is low (<1%). *Hepatic impairment:* Avoid use of Nurtec ODT in persons with severe hepatic impairment. *Renal impairment:* Avoid use in patients with end-stage renal disease.

**Please click here for full [Prescribing Information](#).**

**References:** 1. Nurtec ODT. Package insert. Biohaven Pharmaceuticals Inc. 2. Croop R, Lipton RB, Kudrow D, et al. Oral rimegepant for preventive treatment of migraine: a phase 2/3, randomised, double-blind, placebo-controlled trial. *Lancet*. 2021;397(10268):51-60.