Nurtec® ODT (rimegepant) Prior Authorization and Reauthorization Worksheet

Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

Your patient's health plan may require an authorization for initial approval (prior authorization, or PA) of Nurtec ODT, as well as for use after a specified amount of time (reauthorization, or RA). An RA may be required for your patient to continue treatment with Nurtec ODT after 3, 6, or 12 months of use. **Please note that criteria may vary by plan, so be sure to confirm the required information and documentation before preparing your request.**

Possible PA criteria for Nurtec ODT coverage

The information provided in this document is intended for informational purposes only. The information available here is not intended to be conclusive or exhaustive and is not intended to replace the guidance of a qualified professional advisor. The information available here is compiled from sources believed to be accurate, but Pfizer makes no representation that it is accurate. PA requirements, coding, and coverage policies change periodically and often without notice, so it is important to regularly check with each payer as to payer-specific requirements.

This information is current as of April 2025. You are solely responsible for determining coverage and reimbursement parameters and appropriate PA requirements and coding. The use of this information does not guarantee that a patient will receive coverage or reimbursement for Nurtec ODT or that payment received will cover their costs.

PA CRITERIA ASSESSMENT		
Is your patient 18 years of age or older?[1,2]	◯ Yes ◯ No	
Does your patient suffer from moderate to severe migraine?[1,2]	◯ Yes ◯ No	ICD-10-CM codes (see page 3 for possible codes)
Was Nurtec ODT prescribed in consultation with a specialist?[2]	◯ Yes ◯ No	
Is your patient currently taking another CGRP receptor antagonist?[3,4]	◯ Yes ◯ No	List the name, dates of use, dosage, and frequency
Is Nurtec ODT being prescribed for acute treatment of migraine with or without aura?[1] (If yes, answer the 3 questions below)	◯ Yes ◯ No	
Has your patient tried one or more triptans?[5]	◯ Yes ◯ No	List the names of all previous migraine therapies, including dates of use, dosage, and frequency
Is your patient contraindicated to triptan therapies?[5]	◯ Yes ◯ No	List the names of contraindicated therapies
Did your patient discontinue triptan therapy due to therapeutic failure, contraindication to preferred therapies, or intolerance/adverse events?[3]	◯ Yes ◯ No	Describe reasons for discontinuation
Is Nurtec ODT being prescribed for preventive treatment of episodic migraine?[1] (If yes, answer the 4 questions below)	◯ Yes ◯ No	
How many migraines/headache days does your patient experience per month?[5]	Number of migraine/headache days	
Has your patient tried one or more prophylactic therapies (eg, antidepressants, antiepileptics, beta blockers)?[6]	◯ Yes ◯ No	List the names of all previous migraine therapies, including dates of use, dosage, and frequency
Is your patient contraindicated to any prophylactic therapies?[4]	◯ Yes ◯ No	List the names of contraindicated therapies
Did your patient discontinue therapy with prophylactic therapies due to therapeutic failure, contraindication to preferred therapies, or intolerance/adverse events?[4]	◯ Yes ◯ No	Describe reasons for discontinuation

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.

Please see next page for additional Important Safety Information and click here for full Prescribing Information.

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Possible RA criteria for Nurtec ODT coverage

RA CRITERIA ASSESSMENT		
When did your patient start treatment with Nurtec ODT?	Date	
Per month, how often does your patient use Nurtec ODT?	Approximate use per month	
Did your patient experience any adverse events while taking Nurtec ODT?[2]	◯ Yes ◯ No	List any side effects
Did your patient have a positive clinical response to Nurtec ODT?[2]	◯ Yes ◯ No	Describe the positive clinical response
Is your patient currently taking other migraine therapies in addition to Nurtec ODT?	◯ Yes ◯ No	List other migraine therapies

Documentation to consider including with your request (if required by the health plan)

- Any health plan–specific PA forms
- Letter of Medical Necessity (important for patients who may not meet all PA criteria)
- Your patient's medical records (eg, previous/current therapies, existing comorbidities, allergies)
- Additional documentation to support treatment with Nurtec ODT, such as
  - Nurtec ODT Prescribing Information
  - Nurtec ODT FDA approval letter(s) (available on the FDA website)
  - Peer-reviewed literature, including published clinical trial data for Nurtec ODT
- For RA requests, documentation of the patient's positive clinical response with Nurtec ODT

IMPORTANT SAFETY INFORMATION (cont.)

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%).

Please see next page for additional Important Safety Information and click here for full Prescribing Information.

Examples of ICD-10-CM codes for migraine

The codes listed below may be appropriate to include with your request for your patient with migraine. Please refer to an ICD-10-CM resource for additional codes that may be applicable to your patient.*

ICD-10-CM CODE[7]	DESCRIPTION[7]
G43	Migraine
G43.00	Migraine without aura, not intractable
G43.01	Migraine without aura, intractable
G43.10	Migraine with aura, not intractable
G43.11	Migraine with aura, intractable
G43.90	Migraine, unspecified, not intractable

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

*This information is intended for informational purposes only and is not a comprehensive description of potential coding requirements for Nurtec ODT. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and accurate and appropriate coding for treatment of their patients. The information provided in this section should not be considered a guarantee of coverage or reimbursement for Nurtec ODT. The codes shown above are only general suggestions and are not intended to encourage or suggest a use of any drug that is inconsistent with FDA-approved use.

IMPORTANT SAFETY INFORMATION (cont.)

Drug Interactions: Avoid concomitant administration of Nurtec ODT with strong inhibitors of CYP3A4 or strong or moderate inducers of CYP3A. 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. Pfizer Inc. **2.** Molina Healthcare. Drug and biologic coverage criteria: calcitonin gene-related peptide (CGRP) antagonist. https://www.molinamarketplace.com/~/media/Molina/PublicWebsite/PDF/providers/common/pa-criteria/Calcitonin%20Gene-Related%20Peptide%20CGRP%20antagonist%20C15443-C.pdf. Updated June 13, 2024. Accessed April 22, 2025. **3.** Optum Rx. Clinical criteria, step therapy, and quantity limits for TennCare preferred drug list. https://contenthub-aem.optumrx.com/content/dam/contenthub/onboarding/assets/Tenncare/Criteria-PDL.pdf. Updated April 1, 2025. Accessed April 22, 2025. **4.** BlueCross BlueShield Federal Employee Program. Migraine calcitonin gene-related peptide (CGRP) antagonists oral. https://www.fepblue.org/-/media/PDFs/Medical-Policies/2025/January/Pharmacy-Policies/Remove-and-Replace/5_70_077-Migraine-CGRP-Antagonists-Oral.pdf. Updated December 13, 2024. Accessed April 22, 2025. **5.** Medical Mutual. Drug policy: Nurtec ODT (rimegepant). https://www.medmutual.com/-/media/MedMutual/Files/Providers/Prior-Auth-Rx/Nurtec-ODT.pdf. Updated January 16, 2025. Accessed April 22, 2025. **6.** AmeriHealth Caritas Pennsylvania. Migraine prevention agents prior authorization form. https://www.amerihealthcaritaspa.com/pdf/pharmacy/forms/injectable/migraine-prevention-agents.pdf. Updated January 1, 2025. Accessed April 23, 2025. **7.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. https://www.cms.gov/files/zip/2025-code-tables-tabular-and-index-april.zip. Updated January 15, 2025. Accessed April 22, 2025.

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