

Nurtec[®] ODT (rimegepant) Prior Authorization and Reauthorization Worksheet



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/RA criteria for Nurtec ODT coverage

This information represents potential PA or RA criteria and is not intended to be a conclusive or exhaustive list.

PA CRITERIA ASSESSMENT		
Is your patient 18 years of age or older? ^{1,2}	<input type="radio"/> Yes <input type="radio"/> No	
Does your patient suffer from moderate to severe migraine? ^{1,3}	<input type="radio"/> Yes <input type="radio"/> No	ICD-10-CM codes (see page 2 for possible codes)
Was Nurtec ODT prescribed in consultation with a specialist? ^{3,4}	<input type="radio"/> Yes <input type="radio"/> No	
Is Nurtec ODT being prescribed for acute treatment of migraine with or without aura? ¹ (If yes, answer the 3 questions below)	<input type="radio"/> Yes <input type="radio"/> No	
Has your patient tried one or more triptans? ^{2,5}	<input type="radio"/> Yes <input type="radio"/> No	List the names of all previous migraine therapies, including dates of use, dosage, and frequency
Is your patient contraindicated to triptan therapies? ^{3,4}	<input type="radio"/> Yes <input type="radio"/> 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? ^{3,4}	<input type="radio"/> Yes <input type="radio"/> No	Describe reasons for discontinuation
Is Nurtec ODT being prescribed for preventive treatment of episodic migraine? ¹ (If yes, answer the 5 questions below)	<input type="radio"/> Yes <input type="radio"/> No	
How many migraines/headache days does your patient experience per month? ^{6,7}	Number of migraine/headache days	
Has your patient tried one or more prophylactic therapies (eg, antidepressants, antiepileptics, beta blockers)? ^{4,6}	<input type="radio"/> Yes <input type="radio"/> No	List the names of all previous migraine therapies, including dates of use, dosage, and frequency
Is your patient contraindicated to any prophylactic therapies? ^{4,6}	<input type="radio"/> Yes <input type="radio"/> 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? ^{4,6}	<input type="radio"/> Yes <input type="radio"/> No	Describe reasons for discontinuation
Is your patient currently taking another CGRP receptor antagonist? ^{4,6}	<input type="radio"/> Yes <input type="radio"/> No	List the name, dates of use, dosage, and frequency

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? ⁵	<input type="radio"/> Yes <input type="radio"/> No	List any side effects
Did your patient have a positive clinical response to Nurtec ODT? ⁵	<input type="radio"/> Yes <input type="radio"/> No	Describe the positive clinical response
Is your patient currently taking other migraine therapies in addition to Nurtec ODT?	<input type="radio"/> Yes <input type="radio"/> No	List other migraine therapies

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](#).

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

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 [§]	DESCRIPTION [§]
G43	Migraine
G43.0	Migraine without aura
G43.1	Migraine with aura
G43.9	Migraine, unspecified

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.)

Warnings and Precautions: 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.

Adverse Reactions: The most common adverse reactions were nausea (2.7% in patients who received Nurtec ODT compared to 0.8% in patients who received placebo) and abdominal pain/dyspepsia (2.4% in patients who received Nurtec ODT compared to 0.8% in patients who received placebo). Hypersensitivity, including dyspnea and rash, occurred in less than 1% of patients treated with Nurtec ODT.

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 breastmilk 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.** ConnectiCare. Commercial/healthcare exchange PA criteria. [https://www.connecticare.com/content/dam/connecticare/pdfs/providers/pharmacy/commercial/Nurtec ODT PA CCI.pdf](https://www.connecticare.com/content/dam/connecticare/pdfs/providers/pharmacy/commercial/Nurtec%20ODT%20PA%20CCI.pdf). Updated December 2021. Accessed June 27, 2022. **3.** Medical Mutual. Drug policy. <https://www.medmutual.com/-/media/MedMutual/Files/Providers/Prior-Auth-Rx/Nurtec-ODT.pdf>. Updated February 17, 2022. Accessed June 27, 2022. **4.** OptumRx. Clinical criteria, step therapy, and quantity limits for TennCare preferred drug list. <https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/home-page/preferred-drug-list/Criteria%20PDL.pdf>. Updated June 1, 2022. Accessed June 27, 2022. **5.** BlueShield of Northeastern New York. Drug therapy guidelines. [https://www.bsny.com/content/dam/COMMON/non-secure/provider/drug-therapy-guidelines/B-C-D/calcitonin-gene-related-peptide-\(cgrp\)-antagonists.pdf](https://www.bsny.com/content/dam/COMMON/non-secure/provider/drug-therapy-guidelines/B-C-D/calcitonin-gene-related-peptide-(cgrp)-antagonists.pdf). Updated March 7, 2022. Accessed June 27, 2022. **6.** Amerigroup. Nurtec ODT (rimegepant). https://provider.amerigroup.com/docs/gpp/PHARM_ALL_Nurtec.pdf?v=202107211417. Updated June 21, 2021. Accessed June 27, 2022. **7.** Highmark Delaware Health Options. Request for prior authorization for calcitonin gene-related peptide inhibitors and serotonin (5-HT)1F receptor agonists. <https://fm.formularynavigator.com/FormularyNavigator/DocumentManager/Download?clientDocumentId=6-OSoqgJOeDYZsUagEpyQ>. Updated November 2021. Accessed June 27, 2022. **8.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. <https://www.cms.gov/files/zip/2023-code-tables-tabular-and-index.zip>. Updated July 22, 2022. Accessed December 19, 2022.

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