

# Specialist Consultant Referral Form

I am referring my patient to you for consultation in the initiation of therapy with Nurtec<sup>®</sup> ODT (rimegepant). The patient's insurance plan requires that a prescription for Nurtec ODT be written in consultation with or by a specialist. Please provide the information requested below.

REFERRING PHYSICIAN		CONSULTING PHYSICIAN	
Name:		Name:	
Phone Number:	Fax Number:	Phone Number:	Fax Number:
NPI:		NPI:	

PATIENT INFORMATION		
Patient Name:		Date of Birth:
Patient Address:	Patient Phone Number:	Patient Mobile Number:
Patient Insurance Plan:	Member ID:	Group Number:

PATIENT MEDICAL AND TREATMENT HISTORY <input type="checkbox"/> ATTACHED <input type="checkbox"/> BELOW	
1. The patient is being prescribed Nurtec ODT for <input type="checkbox"/> Acute treatment of migraine with or without aura <input type="checkbox"/> Preventive treatment of episodic migraine	
2. Patient diagnosis <sup>1,*</sup> : <input type="checkbox"/> G43 Migraine <input type="checkbox"/> G43.1 Migraine with aura <input type="checkbox"/> Other (specify ICD-10-CM code): <input type="checkbox"/> G43.0 Migraine without aura <input type="checkbox"/> G43.9 Migraine, unspecified	
3. How many migraine/headache days does the patient experience per month?	
4. Has the patient tried one or more triptans? <input type="checkbox"/> Yes <input type="checkbox"/> No List the names of previous triptan therapies, including dates of use, dosage, and frequency:	
5. Has the patient tried one or more prophylactic therapies? <input type="checkbox"/> Yes <input type="checkbox"/> No List the names of previous prophylactic therapies, including dates of use, dosage, and frequency:	
6. Did the patient discontinue triptan and/or prophylactic therapy due to therapeutic failure, contraindication, or intolerance/adverse events? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the reasons for discontinuation:	
7. Other pertinent medical history or drug treatment:	8. Allergies:

\*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.

See next page for additional fields to complete.

## 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](#).

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PAYER REQUIREMENT (CHOOSE ONE):**

- Payer requires that prescription be written by a specialist (appointment requested)  
My patient's insurance requires that their prescription for initiation with Nurtec ODT be written by a specialist. Documentation of patient's medical history is attached.
- Payer requires prescription be written in consultation with a specialist (please complete section below)

**TO BE COMPLETED BY THE CONSULTING PHYSICIAN:**

The patient's payer requires a consultation with a specialist in order to authorize coverage for Nurtec ODT. Please complete the following section and fax or email the entire form back to the referring physician.

Consulting Physician Notes:

Consulting Physician Name:

Consulting Physician Specialty:

Additional follow-up by consulting physician required:

Contact office to schedule a phone consultation

Schedule patient appointment for in-office evaluation

Provide additional supporting information:

Consulting Physician Signature:

Date:

**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](#).**

**Reference: 1.** Centers for Medicare & Medicaid Services. ICD-10-CM index to diseases and injuries. <https://www.cms.gov/files/zip/2023-code-tables-tabular-and-index.zip>. Updated July 22, 2022. Accessed December 19, 2022.

© 2023 Pfizer Inc. All rights reserved. NURTEC and the NURTEC Logo are trademarks of Pfizer Ireland Pharmaceuticals.

PP-NNT-USA-0224. January 2023.

