Nurtec ODT (rimegepant)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Requests for acute migraine treatment: 1 year Initial request for migraine prophylaxis: 3 months Renewal requests for migraine prophylaxis: 1 year

Medications	Quantity Limit
Nurtec ODT (rimegepant) 75 mg tablets	8 tablets per 30 days*

*For approval of up to 18 tablets per 30 days, the individual must meet the following criteria:

I. Individual has a diagnosis of migraine headaches; **AND**
II. Individual is using Nurtec ODT as preventative therapy for episodic migraine headaches.

APPROVAL CRITERIA

Requests for Nurtec ODT (rimegepant) for **acute** migraine treatment may be approved when the following criteria are met:

I. Individual has a diagnosis of migraine headaches; **AND**
II. Individual is using for acute treatment of migraine headaches;

AND

III. Documentation is provided that individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to **two** preferred oral triptans (AHS 2021); **OR**

Preferred oral agents: almotriptan (not in CA, CO), eletriptan (generic Relpax) (not in CA, CO), naratriptan (generic Amerge), rizatriptan/rizatriptan ODT (generic Maxalt/Maxalt-MLT), sumatriptan (generic Imitrex), zolmitriptan/zolmitriptan ODT (generic Zomig/Zomig ZMT) (not in CA, CO).

IV. Documentation is provided that individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:
A. Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina); **OR**

B. History of stroke or transient ischemic attack (TIA); **OR**
C. Peripheral vascular disease; **OR**
D. Ischemic bowel disease; **OR**
E. Uncontrolled hypertension.

Requests for Nurtec ODT (rimegepant) for **acute** migraine treatment may not be approved for the following:

I. Individual is using in combination with Ubrelvy or Zavzpret.

Initial requests for Nurtec ODT (rimegepant) for migraine **prophylaxis** may be approved when the following criteria are met:

I. Individual has a diagnosis of episodic migraine defined as at least 4 and fewer than 15 migraine days per month and fewer than 15 headache days per month on average during the previous 3 month period (ICHD-3); **AND**
II. Individual is using Nurtec ODT for migraine prophylaxis; **AND**
III. If individual is also currently using botulinum toxin for prophylaxis and is going to be using Nurtec ODT and botulinum toxin together (i.e., not switching from one agent to another), the following must apply:
   A. Individual has had a reduction in the overall number of migraine days or reduction in number of severe migraine days per month with botulinum toxin use; **AND**
   B. Individual continues to experience a significant number of migraine headache days or severe migraine days per month requiring additional therapy for migraine prevention;

Renewal requests for Nurtec ODT (rimegepant) for migraine **prophylaxis** may be approved when the following criteria are met:

I. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
II. Individual has obtained clinical benefit deemed significant by individual or prescriber including any of the following (AHS 2021):
   A. 50% reduction in frequency of days with headache or migraine; **OR**
   B. Significant decrease in attack duration; **OR**
   C. Significant decrease in attack severity; **OR**
   D. Improved response to acute treatment; **OR**
   E. Reduction in migraine-related disability and improvements in functioning in important areas of life; **OR**
   F. Improvements in health-related quality of life and reduction in psychological stress due to migraine;

AND

III. If individual is using concurrently with botulinum toxin for migraine prophylaxis, the following must apply:

A. Individual has had further reduction in the overall number of migraine days or reduction in number of severe migraine days per month compared to monotherapy with botulinum toxin

Requests for Nurtec ODT (rimegepant) for migraine **prophylaxis** may not be approved for the following:

I. Individual is using in combination with another prophylactic CGRP agent (i.e., Aimovig, Ajovy, Emgality, Qulipta, or Vyepti).

Nurtec ODT (rimegepant) may not be approved for the following:

I. Individual has severe hepatic impairment (Child-Pugh C); **OR**
II. Individual has end-stage renal disease (CRCL < 15 mL/min).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: icsi.org/wp-content/uploads/2019/01/Headache.pdf. Updated January 2013.
5. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
6. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024; 64: 333-341. doi:10.1111/head.14692.
7. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012; 78:1337–1345.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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