Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

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. 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 2019); **OR**

Preferred oral agents: naratriptan (generic Amerge), sumatriptan (generic Imitrex).

IV. Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:

Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

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.

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. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response to a 2 month trial at target or usual effective dose or intolerance to two agents for migraine prophylaxis* (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence, AHS 2019):
   A. The following antidepressants: amitriptyline, venlafaxine, nortriptyline, duloxetine; **OR**
   B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol; **OR**
   C. The following calcium channel blocker: verapamil; **OR**
   D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
   E. Botox (for chronic migraine).

*Agents for migraine prophylaxis – May require Prior Authorization

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 2019):

Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

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.

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

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

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

I. Individual is currently using one of the following agents:
   A. A strong CYP3A4 inhibitor (such as ketoconazole, itraconazole, clarithromycin); **OR**
   B. A strong or moderate CYP3A4 inducer (such as carbamazepine, phenytoin, St. John's wort, modafinil, rifampin); **OR**
   C. A P-glycoprotein (P-gp) or BCRP inhibitor (such as ketoconazole, quinidine, tacrolimus, verapamil, sulfasalazine);

OR

II. Individual has severe hepatic impairment (Child-Pugh C); **OR**

III. Individual has end-stage renal disease (CrCl < 15 mL/min).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: April 23, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/. Updated January 2013.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

1. 6. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.

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.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.