



Commercial/Healthcare Exchange PA Criteria Effective: June 3, 2020

Prior Authorization: Nurtec ODT

Products Affected: Nurtec (rimegepant) orally disintegrating tablets

Medication Description: Nurtec ODT (rimegepant) is a calcitonin gene-related peptide (CGRP) receptor antagonist indicated for the acute treatment of migraine with or without aura in adults.

Covered Uses: The acute treatment of migraine with or without aura in adults.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Approve Nurtec ODT if the patient meets all of the following criteria:

- A. The patient has a diagnosis of acute migraine with or without aura; **AND**
- B. The patient meets ONE of the following (i or ii):
 - i. Patient has tried at least **two** triptan therapies; **OR**
 - ii. The patient has an intolerance or contraindication to triptan(s) according to the prescriber defined as (but not limited to):
 - i. Allergic reaction
 - ii. Adverse drug reactions

References:

1. Nurtec ODT [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals; February 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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Last Res.6.3.2020



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1	New Policy	New Policy	All	6/3/2020
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