STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RIMEGEPANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RIMEGEPANT SULFATE	NURTEC ODT	46383		GPI-10 (6770106070)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for the acute treatment of migraine and the patient meets **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient had a trial of or contraindication to ONE triptan (e.g., sumatriptan, rizatriptan)

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #18 per 30 days.**
   If no, continue to #2.

2. Is the request for the preventive treatment of episodic migraines and the patient meets **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Nurtec ODT will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy, Aimovig, Emgality, Vyepti, Qulipta) for migraine prevention
   - The patient had a trial of or contraindication to ONE of the following preventative migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #16 per 30 days.**
   If no, do not approve.
   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **RIMEGEPANT (Nurtec ODT)** requires the following rule(s) be met for approval:
   A. The request is for ONE of the following:
      1. Treatment of acute (quick onset) migraine
      2. Preventive treatment of episodic migraines
   B. You are 18 years of age or older
   C. **If the request is for the treatment of acute migraine, approval also requires:**
      1. You had a trial of or contraindication (harmful for) to ONE triptan (such as sumatriptan, rizatriptan)

   (Initial denial text continued on next page)

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INITIAL CRITERIA (CONTINUED)

D. **If the request is for the preventive treatment of episodic migraines, approval also requires:**
   1. You will NOT use Nurtec ODT concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Ajovy, Aimovig, Emgality, Vyepti, Qulipta) for migraine prevention
   2. You had a trial of or contraindication (harmful for) to ONE of the following preventive migraine treatments: divalproex sodium/sodium valproate, topiramate, propranolol, timolol, metoprolol, amitriptyline, venlafaxine, atenolol, nadolol

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Is the request for the acute treatment of migraine and the patient meets **ONE** of the following criteria?
   - The patient has experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (e.g., Migraine Assessment of Current Therapy [Migraine-ACT])
   - The patient has experienced clinical improvement as defined by ONE of the following:
     - Ability to function normally within 2 hours of dose
     - Headache pain disappears within 2 hours of dose
     - Therapy works consistently in majority of migraine attacks

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #18 per 30 days.**
   If no, continue to #2.

2. Is the request for the preventive treatment of episodic migraines **AND** does the patient meet the following criterion?
   - Nurtec ODT will NOT be used concurrently with other CGRP inhibitors (e.g., Ajovy, Aimovig, Emgality, Vyepti, Qulipta) for migraine prevention

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

3. Does the patient meet **ONE** of the following criteria?
   - The patient has experienced a reduction in migraine or headache frequency of at least 2 days per month
   - The patient has experienced a reduction in migraine severity
   - The patient has experienced a reduction in migraine duration

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #16 per 30 days.** If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **RIMEGEPANT (Nurtec ODT)** requires the following rule(s) be met for renewal:
   A. The request is for ONE of the following:
      1. Treatment of acute (quick onset) migraine
      2. Preventive treatment of episodic migraines
   B. **If the request is for treatment of acute migraine, renewal also requires ONE of the following:**
      1. You have experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (assessment tool used to help guide treatment such as migraine assessment of current therapy [MIGRAINE-ACT])
      2. You have experienced clinical improvement as defined by ONE of the following:
         a. Ability to function normally within 2 hours of dose
         b. Headache pain disappears within 2 hours of dose
         c. Treatment works consistently in majority of migraine attacks
   C. **If the request is for the preventive treatment of episodic migraines, renewal also requires:**
      1. You will NOT use Nurtec ODT concurrently (at the same time) with other calcitonin gene-related peptide (CGRP) inhibitors (such as Ajovy, Aimovig, Emgality, Vyepti, Qulipta) for migraine prevention
      2. You meet ONE of the following:
         a. You have experienced a reduction in migraine or headache frequency of at least 2 days per month
         b. You experienced a reduction in migraine severity
         c. You experienced a reduction in migraine duration

   (Renewal denial text continued on next page)

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RENEWAL CRITERIA (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Nurtec ODT.

REFERENCES

- Nurtec ODT [Prescribing Information]. New Haven, CT: Biohaven Pharmaceuticals Inc; December 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/22
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P&T Approval: 01/22