STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RIMEGEPANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RIMEGEPANT	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 has a trial of or contraindication to TWO triptans (e.g., sumatriptan, rizatriptan)

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #16 per 30 days.**
   APPROVAL TEXT: Renewal requires that 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]), OR 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, or therapy works consistently in majority of migraine attacks.

   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)** requires the following rule(s) be met for approval:
   A. You are being treated for acute (quick onset) migraine
   B. You are 18 years of age or older
   C. You had a trial of TWO triptans (such as sumatriptan, rizatriptan), unless there is a medical reason why you cannot (contraindication)

   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.

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RIMEGEPANT

GUIDELINES FOR USE (CONTINUED)

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 #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)** requires the following rule(s) be met for renewal:
   A. You are being treated for acute (quick onset) migraine
   B. You meet 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:
         i. Ability to function normally within 2 hours of dose
         ii. Headache pain disappears within 2 hours of dose
         iii. Treatment works consistently in majority of migraine attacks

   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.

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RIMEGEPANT

RATIONALE

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

REFERENCES

- Nurtec [Prescribing Information]. New Haven, CT: Biohaven Pharmaceuticals Inc; February 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/20
Created: 03/20
Client Approval: 03/20
P&T Approval: 10/19