

# NURTEC ODT (RIMEGEPANT)



## PRIOR AUTHORIZATION IS REQUIRED.

Learn about Nurtec ODT, a CGRP antagonist, an acute treatment of migraine in adults and the preventative treatment of episodic migraine in adults 18 years of age and older.

### FDA Approved Indications

- Acute treatment of migraine with or without aura in adults 18 years of age and older.
- Preventative (prophylaxis) treatment of episodic migraine in adults 18 years of age and older.

### Dosage and Onset of Action

- Migraine treatment: 75mg PO once daily as needed.
- Migraine prophylaxis: 75mg PO every other day.

### Criteria for Approval and Prior Authorization

#### Nurtec ODT for acute treatment of migraine

Trial of two preferred oral triptans and NSAID prior to requesting Nurtec ODT or for patients with contraindications to triptans.

As of March 2022, the preferred oral triptans include tizatriptan (tablets), ODT, sumatriptan (nasal spray, syringe, tablets, vial), and zolmitriptan (nasal spray).

#### Nurtec ODT for preventive treatment of episodic migraine

- Trial of three different prophylactic agents at optimal or maximum tolerated doses for at least 2 months prior to requesting Nurtec ODT.
- Four to fourteen headache days per month.
- Trial of the preferred CGRP inhibitors.

As of March 2022, the preferred CGRP inhibitors include Aimovig and Ajovy. Prior authorization is required.

### **Important Reminders for Submitting a Prior Authorization**

- Indicate if you are prescribing Nurtec for acute treatment or prophylaxis.
- Document the number of headache days per month that the patient experiences.
- Verify all required drug trials have been utilized and documented before requesting Nurtec ODT.
- Provide documentation of improvement for continued treatment.

### **Electronic Prior Authorization with CoverMyMeds**

CoverMyMeds helps patients get their medication by streamlining the prior authorization process for providers and pharmacists. Start today by creating a free account or logging in to your existing account at [covermymeds.com](https://covermymeds.com).

### **More Information**

Visit [HighmarkHealthOptions.com](https://HighmarkHealthOptions.com) to view the preferred drugs, the most up to date CGRP inhibitor criteria, and to access drug-specific request forms.

For help and support, call Pharmacy Services at 1-844-325-6251, Monday–Friday, 8 a.m. to 5 p.m.