



## PRIOR AUTHORIZATION POLICY

- POLICY:** Migraine – Nurtec ODT Prior Authorization Policy
- Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Pfizer)

**REVIEW DATE:** 02/04/2026

### INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

### CIGNA NATIONAL FORMULARY COVERAGE:

#### OVERVIEW

Nurtec ODT, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated in adults for the following uses:<sup>1</sup>

- **Acute treatment of migraine** with or without aura.
- **Preventive treatment of episodic migraine.**

#### Disease Overview

Migraine is a common, ongoing condition marked by paroxysmal, unilateral attacks of moderate to severe throbbing headache which is aggravated by routine physical activity (e.g., walking or climbing stairs) and associated with nausea, vomiting, and/or photophobia and phonophobia.<sup>2</sup> Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on  $\geq 15$  days/month for more than 3 months, which has the

features of migraine headache on  $\geq 8$  days/month. Episodic migraine is characterized by headaches that occur  $< 15$  days/month.

## Guidelines

Triptans (e.g., almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan) are considered the gold standard for acute treatment of moderate to severe migraine headaches or mild to moderate migraine headaches that respond poorly to over-the-counter analgesics.<sup>2</sup> An assessment of the preventive and acute treatment of migraine by the American Headache Society (AHS) [2018; updated 2021] reaffirms previous migraine guidelines.<sup>3,4</sup> Nurtec ODT is not addressed for its preventive treatment of episodic migraine indication in the guideline. The update lists the triptans, dihydroergotamine, the oral gepants (Nurtec ODT and Ubrelvy® [ubrogepant tablets]), and Reyvow® (lasmiditan tablets) as effective treatments for moderate or severe acute migraine attacks and mild to moderate attacks that respond poorly to nonsteroidal anti-inflammatory drugs, non-opioid analgesics, acetaminophen, or caffeinated combinations (e.g., aspirin + acetaminophen + caffeine).

In the updated assessment by the AHS on the preventive and acute treatment of migraine, it states that patients with migraine should be considered for preventive treatment in the following situations: when attacks significantly interfere with patients' daily routines despite acute treatment; frequent attacks ( $\geq 4$  monthly headache days); at least moderate disability (Migraine Disability Assessment [MIDAS] score  $\geq 11$  or six-item Headache Impact Test [HIT-6] score  $> 50$ ); contraindication to, failure, overuse, or adverse events with acute treatments; or patient preference.<sup>3,4</sup> Before developing a preventive treatment plan, the appropriate use (e.g., drug type, route and timing of administration, frequency) of acute treatments should be initiated and coupled with education and lifestyle modifications. All patients with migraine should be offered a trial of acute treatment. Based on the level of evidence for efficacy and the American Academy of Neurology scheme for classification of evidence, the following oral treatments have established efficacy and should be offered for migraine prevention: antiepileptic drugs (**divalproex sodium, valproate sodium, topiramate** [not for females of childbearing potential without a reliable method of birth control]); beta-blockers (**metoprolol, propranolol, timolol**); and **frovatriptan** (for short-term preventive treatment of menstrual migraine). The following treatments are probably effective and should be considered for migraine prevention: antidepressants (**amitriptyline, venlafaxine**); beta-blockers (**atenolol, nadolol**); and angiotensin receptor blockers (**candesartan**).

The **AHS** issued an update to their position statement (2024) specifically regarding therapies targeting CGRP for the prevention of migraine.<sup>5</sup> The evidence for the efficacy, tolerability, and safety of CGRP-targeting migraine preventive therapies (specifically, the monoclonal antibodies: Aimovig [erenumab-aooe subcutaneous {SC} injection], Ajovy® [fremanezumab-vfrm SC injection], Emgality® [galcanezumab-gnlm SC injection], and Vyepti® [eptinezumab-jjmr intravenous infusion] and the gepants: Nurtec® ODT and Qulipta® [atogepant tablets]) is substantial and consistent across different individual CGRP-targeting treatments. Extensive “real-world” clinical experience corroborates clinical trials. This data

indicates that the efficacy and tolerability of CGRP-targeting therapies are equal to or greater than those of previous first-line therapies. The CGRP-targeting therapies should be considered as a first-line approach for migraine prevention along with previous first-line treatments without a requirement for prior failure of other classes of migraine preventive treatment. Additionally, Botox® (onabotulinumtoxinA SC injection) is considered a first-line therapy for prevention of chronic migraine.

## **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Nurtec ODT. All approvals are provided for the duration noted below.

• **Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Pfizer) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

### **FDA-Approved Indications**

**1. Migraine, Acute Treatment.** Approve for 1 year if the patient meets BOTH of the following (A and B):

**A)** Patient is  $\geq$  18 years of age; AND

**B)** Patient meets ONE of the following (i or ii):

**i.** Patient has tried at least one triptan therapy; OR

**ii.** According to the prescriber, patient has a contraindication to triptan(s).

Note: Examples of contraindications to triptans include a history of coronary artery disease; cardiac accessory conduction pathway disorders; history of stroke, transient ischemic attack, or hemiplegic or basilar migraine; peripheral vascular disease; ischemic bowel disease; uncontrolled hypertension; or severe hepatic impairment.

**2. Preventive Treatment of Episodic Migraine.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 1 year if the patients meets BOTH of the following (i and ii):

**i.** Patient is  $\geq$  18 years of age; AND

**ii.** Patient has  $\geq$  4 and  $<$  15 migraine headache days per month (prior to initiating a migraine-preventive medication); OR

**B) Patient is Currently Receiving Nurtec ODT.** Approve for 1 year if the patients meets ALL of the following (i, ii, and iii):

**i.** Patient is  $\geq$  18 years of age; AND

**ii.** Patient has  $\geq$  4 and  $<$  15 migraine headache days per month (prior to initiating a migraine-preventive medication); AND

**iii.** Patient has had a significant clinical benefit from the medication as determined by the prescriber.

Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of

severe migraine days per month from the time that Nurtec ODT was initiated.

## CONDITIONS NOT COVERED

- **Nurtec® ODT (rimegepant sulfate orally disintegrating tablets – Pfizer) is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

### **1. Concurrent Use with Another Calcitonin Gene-Related Peptide (CGRP) Inhibitor Being Prescribed for Migraine Headache Prevention if Nurtec ODT is Being Taken for the Preventive Treatment of Episodic Migraine.**

Note: Examples of CGRP inhibitors that are indicated for migraine headache prevention include Aimovig (erenumab-aooe subcutaneous injection), Ajovy (fremanezumab-vfrm subcutaneous injection), Emgality (galcanezumab-gnlm subcutaneous injection), Vyepti (eptinezumab-jjmr intravenous infusion), Nurtec ODT (rimegepant sulfate orally disintegrating tablets), and Qulipta (atogepant tablets).<sup>1,6-10</sup> Aimovig, Ajovy, Emgality, and Vyepti are injectable CGRP inhibitors for migraine prevention and have not been studied for use in combination with another agent in the same class.<sup>6-9</sup> Qulipta is an oral CGRP inhibitor for the preventive treatment of migraine in adults.<sup>10</sup> The clinical trial of Nurtec ODT for the preventive treatment of episodic migraine did not allow the use of a concomitant medication that acts on the CGRP pathway.<sup>1</sup>

## REFERENCES

1. Nurtec® ODT [prescribing information]. New York, NY: Pfizer; August 2025.
2. MacGregor EA. In the clinic. Migraine. *Ann Intern Med.* 2017;166(7):ITC49-ITC64.
3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache.* 2019;59:1-18.
4. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache.* 2021;61(7):1021-1039.
5. Charles AC, Digre KB, Goadsby PJ, et al; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache.* 2024;64(4):333-341.
6. Aimovig® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; March 2025.
7. Ajovy® subcutaneous injection [prescribing information]. North Wales, PA: Teva; August 2025.
8. Emgality® subcutaneous injection [prescribing information]. Indianapolis, IN: Lilly; October 2025.
9. Vyepti® intravenous infusion [prescribing information]. Bothell, WA: Lundbeck; October 2025.
10. Qulipta® tablets [prescribing information]. North Chicago, IL: AbbVie; September 2025.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	02/28/2024

Selected Revision	<b>Migraine Headache Prevention:</b> The criteria requiring a patient to have tried at least two standard prophylactic (preventive) pharmacologic therapies, each from a different pharmacologic class, and requiring that a patient has had inadequate efficacy or adverse event(s) severe enough to warrant discontinuation of those therapies have been removed.	04/10/2024
Annual Revision	No criteria changes.	02/26/2025
Annual Revision	<b>Preventive Treatment of Episodic Migraine:</b> Existing requirements were reformatted into separate sets of requirements for Initial Therapy and Continuation of Therapy.	02/04/2026

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