Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

Specialist Consultant Referral Form

I am referring my patient to you for consultation in the initiation of therapy with Nurtec® ODT (rimegepant). The patient's insurance plan requires that a prescription for Nurtec ODT be written in consultation with or by a specialist. Please provide the information requested below.

REFERRING PHYSICIAN		CONSULTING PHYSICIAN	
Name:		Name:	
Phone Number:	Fax Number:	Phone Number:	Fax Number:
NPI:		NPI:	

PATIENT INFORMATION

Patient Name:		Date of Birth:
Patient Address:	Patient Phone Number:	Patient Mobile Number:
Patient Insurance Plan:	Member ID:	Group #:

PATIENT MEDICAL AND TREATMENT HISTORY ☐ ATTACHED ☐ BELOW

1. The patient is being prescribed Nurtec ODT for ☐ Acute treatment of migraine ☐ Preventive treatment of episodic migraine

2. Patient diagnosis[1]: ☐ G43 Migraine ☐ G43.1 Migraine with aura ☐ Other (specify ICD-10-CM code):
☐ G43.0 Migraine without aura ☐ G43.9 Migraine, unspecified

3. How many migraine/headache days does the patient experience per month?

4. Has the patient tried one or more triptans? ☐ Yes ☐ No
List the names of previous triptan therapies, including dates of use, dosage, and frequency:

5. Has the patient tried one or more prophylactic therapies? ☐ Yes ☐ No
List the names of previous prophylactic therapies, including dates of use, dosage, and frequency:

6. Did the patient discontinue triptan and/or prophylactic therapy due to therapeutic failure, contraindication, or intolerance/adverse events? ☐ Yes ☐ No
Describe the reasons for discontinuation:

7. Other pertinent medical history or drug treatment:	8. Allergies:

PAYER REQUIREMENT (CHOOSE ONE):

☐ **Payer requires that prescription be written by a specialist (Appointment requested)**
My patient's insurance requires that their prescription for initiation with Nurtec ODT be written by a specialist. Documentation of patient's medical history is attached.

☐ **Payer requires prescription be written in consultation with a specialist (Please complete section on the next page)**

*The ICD-10-CM codes listed may be appropriate for your patients with migraine. Please refer to an ICD-10-CM resource for additional codes that may be applicable to your patient.

INDICATION

Nurtec ODT is indicated in adults for the:

- acute treatment of migraine with or without aura
- preventive treatment of episodic migraine

IMPORTANT SAFETY INFORMATION

Contraindications: Hypersensitivity to Nurtec ODT or any of its components.

Please see next page for additional Important Safety Information and click here for full Prescribing Information.

Patient Name: _____ Date of Birth: _____

TO BE COMPLETED BY THE CONSULTING PHYSICIAN:

The patient's payer requires a consultation with a specialist in order to authorize coverage for Nurtec ODT. Please complete the following section and fax or email the entire form back to the referring physician.

Consulting Physician Notes:	
Consulting Physician Name:	**Consulting Physician Specialty:**

☐ **Additional follow-up by consulting physician required:**

- ☐ **Contact office to schedule a phone consultation**
- ☐ **Schedule patient appointment for in-office evaluation**
- ☐ **Provide additional supporting information (Please specify):**

Consulting Physician Signature:	**Date:**

IMPORTANT SAFETY INFORMATION (cont.)

Warnings and Precautions: If a serious hypersensitivity reaction occurs, discontinue Nurtec ODT and initiate appropriate therapy. Serious hypersensitivity reactions have included dyspnea and rash, and can occur days after administration.

Adverse Reactions: The most common adverse reactions were nausea (2.7% in patients who received Nurtec ODT compared to 0.8% in patients who received placebo) and abdominal pain/dyspepsia (2.4% in patients who received Nurtec ODT compared to 0.8% in patients who received placebo). Hypersensitivity, including dyspnea and rash, occurred in less than 1% of patients treated with Nurtec ODT.

Drug Interactions: Avoid concomitant administration of Nurtec ODT with strong inhibitors of CYP3A4, strong or moderate inducers of CYP3A or inhibitors of P-gp or BCRP. Avoid another dose of Nurtec ODT within 48 hours when it is administered with moderate inhibitors of CYP3A4.

Use in Specific Populations: *Pregnant/breast feeding*: It is not known if Nurtec ODT can harm an unborn baby or if it passes into breast milk. *Hepatic impairment*: Avoid use of Nurtec ODT in persons with severe hepatic impairment. *Renal impairment*: Avoid use in patients with end-stage renal disease.

Please click here for full Prescribing Information.

Reference: 1. Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. https://www.cms.gov/files/zip/2021-code-tables-tabular-and-index-updated-12162020.zip. Updated December 16, 2020. Accessed May 17, 2021.

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