

State of Oklahoma SoonerCare

Nurtec® ODT (Rimegepant) Prior Authorization Form

Pharmacy billing (NDC:	Member I	Vame:	Date of Birth:	Member ID#:
Billing Provider Information			Drug Information	on
Provider NPI:	Pharmac	y billing (NDC:) Start date (or date of next dose):	
Provider NPI:	Dose:	Regimen:		Fill Quantity/Day Supply:
Prescriber NPI:				
Prescriber NPI:	Provider	NPI:	Provider Name	e:
Prescriber NPI:	Provider	Phone:	Provider Fax	<u>:</u>
Prescriber Phone:		F	rescriber Informa	ation
All information must be provided and SoonerCare may verify through further requested documentation. The member's medication history will be reviewed prior to approval. *Page 1 of 2—Please complete and return all pages. Failure to complete all pages will result in processing delays.* For Initial Authorization: 1. What is the member's diagnosis? Acute Treatment of Migraine in Adults Preventive Treatment of Episodic Migraines in Adults Other, please list: Other, please list: Will the member take Nurtec ODT concurrently with an injectable prophylactic calcitonin gene-related peptide (CGRP) inibitor (e.g., Erngality*, Ajovy*, Aimovig*, Vepti*)? Yes No b. Has the member failed at least 2 different triptan medications? Yes No If yes, please list: Medication	Prescribe	er NPI:	_ Prescriber Name:_	
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Reason(s) for discontinuation prior to 8 weeks:	g.	M = -1! = -4! = / = \	` '	
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PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit

> Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4

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Pharm – 193 2/10/2023



State of Oklahoma SoonerCare

Nurtec[®] ODT (Rimegepant) Prior Authorization Form

Member Name:	Date of Birth:	Member ID#:	
	Criteria		
The member's drug history will be	e reviewed prior to approval.	ough further requested documenta omplete all pages will result in proc	
n. Is the member taking any of the absence of intractable condition i. Decongestants (alone or in ii. Combination analgesics co iii. Opioid-containing medicatic iv. Analgesic medications incluv. Ergotamine-containing medications in Triptans? Yes No Is the member taking any of the headaches in the absence of int	following medications known to a sknown to cause chronic pain? combination products)? Yesntaining caffeine and/or butalbitations? YesNouding acetaminophen or non-sterodications? YesNomedications, listed in Question h, ractable conditions known to cause	oidal anti-inflammatory drugs (NSAIDs	headaches in the
		e provide additional information to sup cause overuse or rebound headache	
 K. Has the member been evaluated recommended as treatment? Yet i. If yes, please include name. Will member use Nurtec[®] ODT of calcitonin gene-related peptide (m. If applicable, are other aggravat being treated (e.g., smoking)? Yet. Please provide a patient-specific 	esNo e of neurologist recommending Nu concurrently with botulinum toxin f (CGRP) inhibitor? YesNo_ ing factors that contribute to the d (es No Not Applicable	urologist for episodic migraines and wantec® ODT treatment	an alternative ine headaches
continued approval): 1. Has the member been complian 2. Has the member responded wel 3. Please provide the member's cu	t with Nurtec [®] ODT (rimegepant)	rimegepant) ? Yes No er month:	ed for
Prescriber Signature:		Date:	
		Date: Date: rmation is true and correct to the best of	-

Please complete and return <u>all</u> pages. Failure to complete all pages will result in processing delays. Page 2 of 2

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