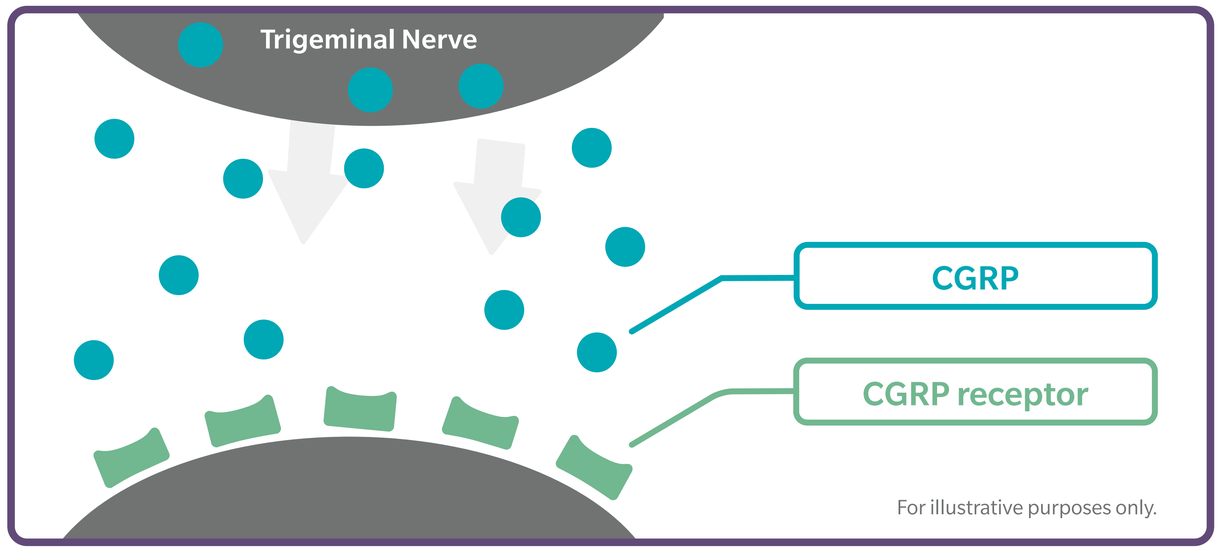
Nurtec ODT is indicated in adults for the acute treatment of migraine with or without aura and for the preventive treatment of episodic migraine

Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

Calcitonin gene-related peptide (CGRP) is a key mediator in migraine[1]

CGRP IS A PAIN-SIGNALING NEUROPEPTIDE RELEASED BY THE TRIGEMINAL NERVE[1,2]



CGRP LEVELS ARE ELEVATED DURING A MIGRAINE ATTACK[1-6]

Activation of CGRP receptors may lead to:

- **VASODILATION**
- **INFLAMMATION**
- **PAIN SIGNALING**

MIGRAINE PATHOPHYSIOLOGY IS MULTIFACTORIAL

It is now understood that the disorder involves a complex interplay between three distinct systems: the nervous system, specifically the trigeminal nerve; the vascular system, including intracranial meningeal arteries; and inflammatory pathways, involving satellite glial cells and mast cells.[2,6,7]

SELECT IMPORTANT SAFETY INFORMATION

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

Warnings and Precautions

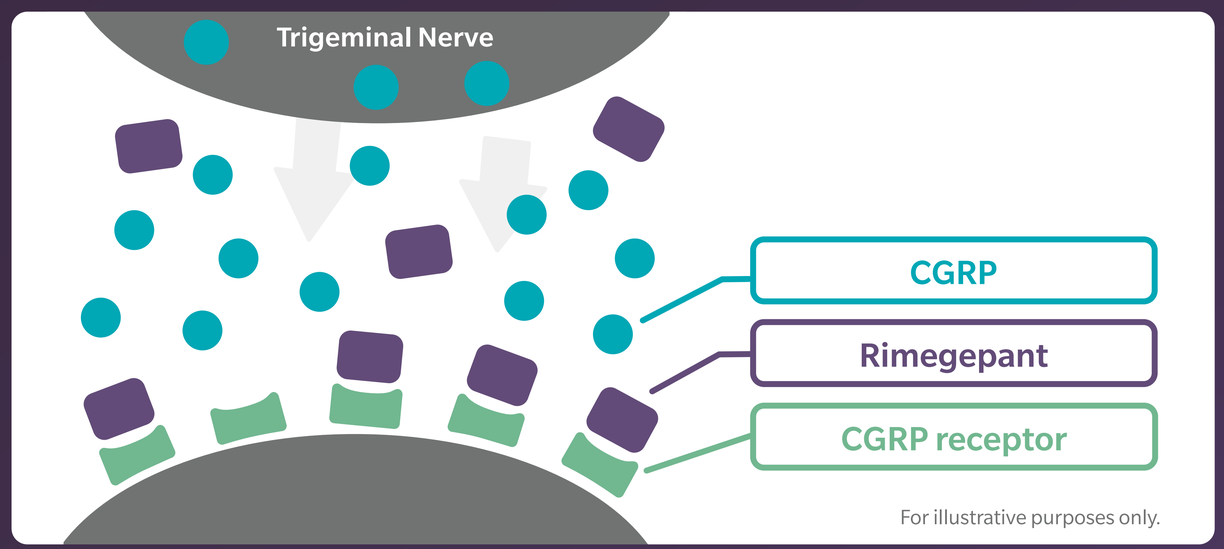
Hypersensitivity Reactions: If a serious hypersensitivity reaction occurs, discontinue Nurtec ODT and initiate appropriate therapy. Serious hypersensitivity reactions have included anaphylaxis, dyspnea, and rash and can occur days after administration.

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

Nurtec® ODT (rimegepant) blocks CGRP receptors[8]

Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

RIMEGEPANT INHIBITS CGRP FROM BINDING TO THE CGRP RECEPTOR[1,2,8]



REDUCING CGRP BINDING RESULTS IN THE INHIBITION OF[2,5,6]:

- VASODILATION
- INFLAMMATION
- PAIN SIGNALING

The relationship between pharmacodynamic activity and the mechanism(s) by which rimegepant exerts its clinical effects is unknown.[8]

Nurtec ODT does not cause vasoconstriction.[2,9,10]

The Nurtec ODT mechanism of action has not been associated with medication overuse headache.[11]*

CGRP=calcitonin gene-related peptide.

*The safety of using more than 18 doses in a 30-day period has not been established.[8]

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions (cont'd)

Hypertension: Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including Nurtec ODT, in the postmarketing setting.

Monitor patients for new-onset hypertension or worsening of pre-existing hypertension and consider whether discontinuation is warranted.

Raynaud's Phenomenon: Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists, including Nurtec ODT.

If signs or symptoms of Raynaud's phenomenon develop, discontinue Nurtec ODT. Patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for and informed about the possibility of worsening or recurrence of signs and symptoms.

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

One Medication—Two Indications[8]

Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

NURTEC ODT IS INDICATED IN ADULTS FOR THE:

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

ONE DISSOLVABLE 75 MG TABLET[8]

ACUTE TREATMENT[8]

Prescribe 8 or 16 tablets.

SIG: Take one Nurtec ODT 75 mg, **as needed**, for the acute treatment of migraine with or without aura.[8]

PREVENTIVE TREATMENT[8]

Prescribe 16 tablets.

SIG: Take one Nurtec ODT 75 mg **every other day** for the preventive treatment of episodic migraine.[8]

- No water needed; can be taken with or without food[8]
- Dissolves rapidly within seconds[8]
- The ODT formulation may be helpful for patients who experience nausea and vomiting[12]
- T_{max} of 1.5 hours and an elimination half-life of ~11 hours[8]
- The maximum dose in a 24-hour period is 75 mg[8]
  - The safety of using more than 18 doses in a 30-day period has not been established[8]

SELECT IMPORTANT SAFETY INFORMATION

Adverse Reactions: The most common adverse reactions for Nurtec ODT vs placebo were nausea (2.7% vs 0.8%) and abdominal pain/dyspepsia (2.4% vs 0.8%).

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

Use in Specific Populations: *Pregnancy:* It is not known if Nurtec ODT can harm an unborn baby. *Lactation:* The transfer of rimegepant into breast milk is low (<1%). *Hepatic impairment:* Avoid use of Nurtec ODT in persons with severe hepatic impairment. *Renal impairment:* Avoid use in patients with end-stage renal disease.

GENERALLY WELL TOLERATED FOR ACUTE AND PREVENTIVE TREATMENT IN CLINICAL TRIALS[8]

- The most common AE in the acute study was nausea (Nurtec ODT 2%; placebo 0.4%)[8]
- The most common AEs in the preventive study were nausea (Nurtec ODT 2.7%; placebo 0.8%) and abdominal pain/dyspepsia (Nurtec ODT 2.4%; placebo 0.8%)[8]
- Not contraindicated in patients with stable cardiovascular disease or risk factors[8]
  - Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including Nurtec ODT, in the postmarketing setting[8]
  - Contraindicated in patients with a hypersensitivity to rimegepant, Nurtec ODT, or any of its components[8]
- In clinical trials, Nurtec ODT was not associated with serious AEs, and <3% of patients discontinued due to AEs[12,13]*

AE=adverse event; CGRP=calcitonin gene-related peptide; ODT=orally disintegrating tablet.

*A serious AE was defined as any event that meets any of the following criteria at any dose: death, life-threatening, inpatient hospitalization or prolongation of existing hospitalization, persistent or significant disability/incapacity, congenital anomaly/birth defect in the offspring of a subject who received rimegepant, and others.[14]

Please click here for full Prescribing Information.

References: 1. Ho TW, Edvinsson L, Goadsby PJ. CGRP and its receptors provide new insights into migraine pathophysiology. *Nat Rev Neurol*. 2010;6(10):573-582. **2.** Edvinsson L, Haanes KA, Warfvinge K, Krause DN. CGRP as the target of new migraine therapies — successful translation from bench to clinic. *Nat Rev Neurol*. 2018;14(6):338-350. **3.** Ashina M, Bendtsen L, Jensen R, Schifter S, Olesen J. Evidence for increased plasma levels of calcitonin gene-related peptide in migraine outside of attacks. *Pain*. 2000;86(1-2):133-138. **4.** Lassen LH, Haderslev PA, Jacobsen VB, Iversen HK, Sperling B, Olesen J. CGRP may play a causative role in migraine. *Cephalalgia*. 2002;22(1):54-61. **5.** Edvinsson L. Calcitonin gene-related peptide (CGRP) is a key molecule released in acute migraine attacks—successful translation of basic science to clinical practice. *J Intern Med*. 2022;292(4):575-586. **6.** Fabbretti E, D'Arco M, Fabbro A, Simonetti M, Nistri A, Giniatullin R. Delayed upregulation of ATP P2X3 receptors of trigeminal sensory neurons by calcitonin gene-related peptide. *J Neurosci*. 2006;26(23):6163-6171. **7.** Guan LC, Dong X, Green DP. Roles of mast cells and their interactions with the trigeminal nerve in migraine headache. *Mol Pain*. 2023;19:1-10. **8.** Nurtec ODT. Package insert. Pfizer Inc. **9.** True D, Mullin K, Croop R. Safety of rimegepant in adults with migraine and cardiovascular risk factors: analysis of a multicenter, long-term, open-label study. *Pain Ther*. 2024;13(5):1203-1218. **10.** Conway CM, Dubowchik GM, Coric V. Rimegepant and BHV-3500, small molecule CGRP receptor antagonists, exhibit no active vasoconstrictive properties in ex vivo human coronary or cerebral arteries. Oral presentation at: American Headache Society 60th Annual Scientific Meeting; June 28-July 1, 2018; San Francisco, California. **11.** Ailani J, Burch RC, Robbins MS; 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. **12.** Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394(10200):737-745. **13.** Croop R, Berman G, Kudrow D, et al. A multicenter, open-label long-term safety study of rimegepant for the acute treatment of migraine. *Cephalalgia*. 2024;44(4):1-11. **14.** Data on file. BHV3000-303 Clinical Protocol. Pfizer Inc.