Doctor on Call

Rachel, a 35-year-old female who lives in Washington, D. C. and works as project manager for one of the city's countless nonprofit NGOs writes:

For years I had bad migraines so often that it was hard to hold a job. I tried one prevention therapy after another and more pills, shots and sprays for my acute headaches than I care to remember. Nothing worked. Not even a little. Not even for a short while.

Then, eight years ago, a neurologist started treating me with Botox injections, and within three or four months I was essentially headache-free. It was nothing short of a miracle! I returned for repeat injections every three months until at one visit she told me she was retiring. She referred me to another neurologist, but he was so booked up that I had to wait six months for my initial appointment. By the time I finally saw him I was three months overdue for Botox! Thankfully for me and my job security, my migraine remained quiet during the time spent waiting, and whatever few headaches I had were mild and relieved by Excedrin.

When I finally saw the new neurologist and told him I needed to restart Botox immediately, he just laughed and asked why. When I explained to him how bad my migraine had been before Botox and how much Botox had helped, he replied that it was great I responded so well but that at this point I no longer needed it.

What is he thinking? Do I need to see another neurologist and go another six months without Botox?

Confused&Frustrated

The Doctor's Reply:

Rachel, first I must commend you for being a far more compliant patient than I am. And, to be fair, the issue you've identified still remains a topic for debate amongst headache subspecialists. That issue, specifically: when, if ever, can a successful migraine prevention therapy be discontinued in favor of as-needed therapy alone?

To begin with, the natural course of migraine in each individual can be quite variable. Significant spontaneous improvement is not uncommon, and when a new prevention therapy is evaluated in clinical research it is consequently important to conduct a randomized, placebo-controlled trial to better determine whether a research subject's improvement is truly linked to the new therapy.

If migraine is in fact genetic in origin, to "cure" migraine will be impossible until we have the capacity to perform gene editing. Until then, providers will continue to use preventive and acute therapies to modify in a positive way what otherwise would be the natural course of a patient's migraine. In doing so, although the "migraine gene" may still be present, the clinical expression of the genetic predisposition may be reduced, and that reduction may persist even after the therapy itself is discontinued.

In a prospective study we nicknamed "can Botox be stopped?", my colleagues and I defined a strict clinical endpoint for clinical improvement sufficient to justify stopping Botox therapy in patients who reached that endpoint and followed those patients for up to five years. All the patients involved had chronic migraine, and many had been experiencing chronic migraine for years prior to beginning Botox. One year after renewed treatment with Botox had been discontinued, 90% of the patients were continuing to do well and had not required treatment with Botox or any other prevention therapy.

Your story, Rachel, provides a one-woman confirmation of our study results. Your migraine was almost totally suppressed by Botox while you were being treated, and that suppression was maintained for a long enough time that your headache disorder did not clinically reignite even after your initial neurologist retired and you received no Botox for the next six months. The odds are quite good that you will go for many more months or even years without the need for Botox or any other prevention therapy.

In short, it is the rare migraine patient who will require prevention therapy indefinitely. For most patients, commitment to prevention therapy is by no means a lifetime proposition.

Nurtec® ODT
(rimegepant)
orally disintegrating tablets 75 mg

THE FIRST & ONLY MEDICATION PROVEN TO TREAT & PREVENT MIGRAINES

Ellie W
Actual Nurtec ODT patient

With one medication you can:

STOP MIGRAINE PAIN
Take Nurtec ODT as soon as a migraine strikes to help stop pain and other symptoms.*

PREVENT MIGRAINES
Take Nurtec ODT every other day to get ahead of migraines and known triggers.

Ask your doctor about Nurtec ODT

& learn how you can get savings and support at **nurtec.com/savings**

*Light sensitivity, sound sensitivity, or nausea.

IMPORTANT SAFETY INFORMATION

Do not take Nurtec ODT if you are allergic to Nurtec ODT (rimegepant) or any of its ingredients.

Before you take Nurtec ODT, tell your healthcare provider (HCP) about all your medical conditions, including if you:
• have liver problems, • have kidney problems, • are pregnant or plan to become pregnant, • breastfeeding or plan to breastfeed.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
Nurtec ODT may cause serious side effects including allergic reactions, including trouble breathing and rash. This can happen days after you take Nurtec ODT. Call your HCP or get emergency help right away if you have swelling of the face, mouth, tongue, or throat or trouble breathing. This occurred in less than 1% of patients treated with Nurtec ODT.

The most common side effects of Nurtec ODT were nausea (2.7%) and stomach pain/indigestion (2.4%). These are not the only possible side effects of Nurtec ODT. Tell your HCP if you have any side effects.

WHAT IS NURTEC ODT?
Nurtec ODT orally disintegrating tablets is a prescription medicine that is used to treat migraine in adults. It is for the acute treatment of migraine attacks with or without aura and the preventive treatment of episodic migraine. It is not known if Nurtec ODT is safe and effective in children.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088 or report side effects to Biohaven at 1-833-4Nurtec.

Please see a Brief Summary of the Prescribing Information on the following page.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

(For complete product information, see Full Prescribing Information.)

NURTEC® ODT (rimegepant) orally disintegrating tablets 75 mg, for sublingual or oral use

1 INDICATIONS AND USAGE

1.1 Acute Treatment of Migraine

NURTEC ODT is indicated for the acute treatment of migraine with or without aura in adults.

1.2 Preventive Treatment of Migraine

NURTEC ODT is indicated for the preventive treatment of episodic migraine in adults.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosing for Acute Treatment of Migraine

The recommended dose of NURTEC ODT is 75 mg taken orally, as needed.

The maximum dose in a 24-hour period is 75 mg. The safety of using more than 18 doses in a 30-day period has not been established.

2.2 Recommended Dosing for Preventive Treatment of Episodic Migraine

The recommended dosage of NURTEC ODT is 75 mg taken orally every other day.

4 CONTRAINDICATIONS

NURTEC ODT is contraindicated in patients with a history of hypersensitivity reaction to rimegepant, NURTEC ODT, or any of its components. Delayed serious hypersensitivity has occurred *[see Warnings and Precautions (5.1)]*.

5 WARNING AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Hypersensitivity reactions, including dyspnea and rash, have occurred with NURTEC ODT in clinical studies. Hypersensitivity reactions can occur days after administration, and delayed serious hypersensitivity has occurred. If a hypersensitivity reaction occurs, discontinue NURTEC ODT and initiate appropriate therapy *[see Contraindications (4)]*.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are discussed in greater detail in other sections of the labeling:

• Hypersensitivity Reactions *[see Warnings and Precautions (5.1)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

Acute Treatment of Migraine

The safety of NURTEC ODT for the acute treatment of migraine in adults has been evaluated in a randomized, double-blind, placebo-controlled trial (Study 1) in 682 patients with migraine who received one 75 mg dose of NURTEC ODT *[see Clinical Studies (14)]*. Approximately 85% were female, 74% were White, 21% were Black, and 17% were Hispanic or Latino. The mean age at study entry was 40 years (range 18-75 years of age).

Long-term safety was assessed in an open-label extension study using a different oral dosage form of rimegepant. That study evaluated 1,798 patients, dosing intermittently for up to 1-year, including 1,131 patients who were exposed to rimegepant 75 mg for at least 6 months, and 863 who were exposed for at least one year, all of whom treated an average of at least two migraine attacks per month.

The most common adverse reaction in Study 1 was nausea (2% in patients who received NURTEC ODT compared to 0.4% of patients who received placebo).

Hypersensitivity, including dyspnea and severe rash, occurred in less than 1% of patients treated with NURTEC ODT *[see Contraindications (4) and Warnings and Precautions (5.1)]*.

Preventive Treatment of Episodic Migraine

The safety of NURTEC ODT for the preventive treatment of episodic migraine in adults has been established in a randomized, double-blind, placebo-controlled trial with an open-label extension (Study 2) using a different oral dosage form of rimegepant *[see Clinical Studies (14)]*. In the 12-week, double-blind treatment period, 370 patients with migraine received one 75 mg dose of rimegepant every other day. Approximately 81% were female, 80% were White, 17% were Black, and 28% were Hispanic or Latino. The mean age at study entry was 41 years (range 18-74 years of age). Long-term safety was assessed in an open-label extension study that included 603 patients who were treated for up to one year. Overall, 527 patients were exposed to rimegepant 75 mg for at least 6 months, and 311 were exposed for at least one year.

The most common adverse reactions (occurring in at least 2% of rimegepant-treated patients and at a frequency of at least 1% higher than placebo) in Study 2 were nausea (2.7% in patients who received rimegepant compared with 0.8% of patients who received placebo) and abdominal pain/dyspepsia (2.4% in patients who received rimegepant compared with 0.8% of patients who received placebo).

7 DRUG INTERACTIONS

7.1 CYP3A4 Inhibitors

Concomitant administration of NURTEC ODT with strong inhibitors of CYP3A4 results in a significant increase in rimegepant exposure. Avoid concomitant administration of NURTEC ODT with strong inhibitors of CYP3A4 *[see Clinical Pharmacology (12.3)]*.

Concomitant administration of NURTEC ODT with moderate inhibitors of CYP3A4 may result in increased exposure of rimegepant. Avoid another dose of NURTEC ODT within 48 hours when it is concomitantly administered with moderate inhibitors of CYP3A4 *[see Clinical Pharmacology (12.3)]*.

7.2 CYP3A Inducers

Concomitant administration of NURTEC ODT with strong or moderate inducers of CYP3A can result in a significant reduction in rimegepant exposure, which may lead to loss of efficacy of NURTEC ODT. Avoid concomitant administration of NURTEC ODT with strong or moderate inducers of CYP3A *[see Clinical Pharmacology (12.3)]*.

7.3 Transporters

Rimegepant is a substrate of P-gp and BCRP effux transporters. Concomitant administration of NURTEC ODT with inhibitors of P-gp or BCRP may result in a significant increase in rimegepant exposure *[see Clinical Pharmacology (12.3)]*. Avoid NURTEC ODT with inhibitors of P-gp or BCRP.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no adequate data on the developmental risk associated with the use of NURTEC ODT in pregnant women. In animal studies, oral administration of rimegepant during organogenesis resulted in adverse effects on development in rats (decreased fetal body weight and increased incidence of fetal variations) at exposures greater than those used clinically and which were associated with maternal toxicity. The evaluation of developmental effects following oral administration of rimegepant throughout pregnancy and lactation was inadequate (see Data).

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively. The estimated rate of major birth defects (2.2 to 2.9%) and miscarriage (17%) among deliveries to women with migraine are similar to rates reported in women without migraine.

Clinical Considerations

Disease-Associated Maternal and/or Embryo/Fetal Risk

Published data have suggested that women with migraine may be at increased risk of preeclampsia and gestational hypertension during pregnancy.

8.2 Lactation

There are no data on the presence of rimegepant or its metabolites in human milk, the effects of rimegepant on the breastfed infant, or the effects of rimegepant on milk production. There are no animal data on the excretion of rimegepant in milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for NURTEC ODT and any potential adverse effects on the breastfed infant from NURTEC ODT or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

In pharmacokinetic studies, no clinically significant pharmacokinetic differences were observed between elderly and younger subjects. Clinical studies of NURTEC ODT did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

8.6 Hepatic Impairment

No dosage adjustment of NURTEC ODT is required in patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment. Plasma concentrations of rimegepant were significantly higher in subjects with severe (Child-Pugh C) hepatic impairment. Avoid use of NURTEC ODT in patients with severe hepatic impairment *[see Clinical Pharmacology (12.3)]*.

8.7 Renal Impairment

No dosage adjustment of NURTEC ODT is required in patients with mild, moderate, or severe renal impairment. NURTEC ODT has not been studied in patients with end-stage renal disease and in patients on dialysis. Avoid use of NURTEC ODT in patients with end-stage renal disease (CLcr < 15 mL/min) *[see Clinical Pharmacology (12.3)]*.

10 OVERDOSAGE

There is limited clinical experience with NURTEC ODT overdosage. Treatment of an overdose of NURTEC ODT should consist of general supportive measures including monitoring of vital signs and observation of the clinical status of the patient. No specific antidote for the treatment of rimegepant overdose is available. Rimegepant is unlikely to be significantly removed by dialysis because of high serum protein binding *[see Clinical Pharmacology (12.3)]*.

Manufactured for:

Last modified: 06/25/2021

US-RIMODT-2100634

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