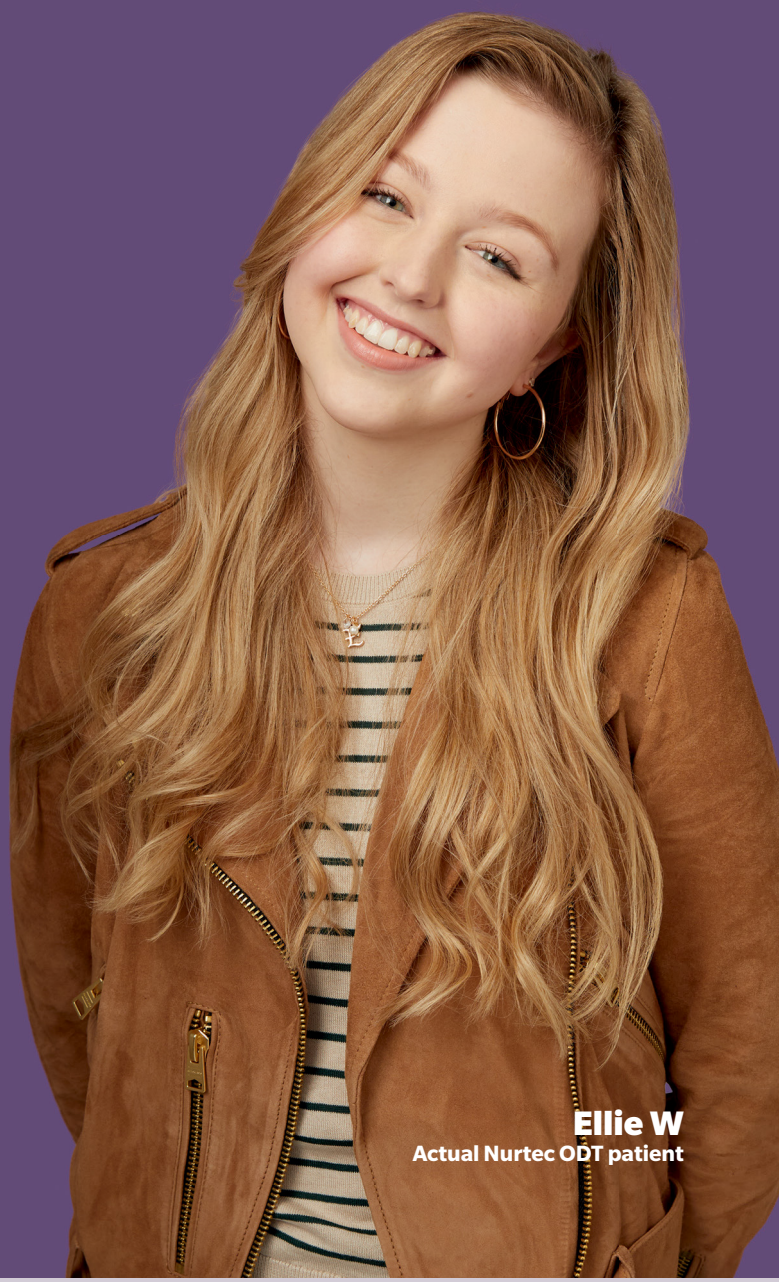
Nurtec® ODT
(rimegepant)
orally disintegrating tablets 75 mg

THE ONLY MEDICATION PROVEN TO TREAT & PREVENT MIGRAINES



Ellie W
Actual Nurtec ODT patient

Nurtec ODT can:

TREAT MIGRAINE ATTACKS
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, • are 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 P-gp Inhibitors

Concomitant administration of NURTEC ODT with potent inhibitors of P-gp (e.g., amiodarone, cyclosporine, lapatinib, quinidine, ranolazine) may result in increased exposure of rimegepant. Avoid another dose of NURTEC ODT within 48 hours when it is concomitantly administered with potent inhibitors of P-gp *[see Clinical Pharmacology (12.3)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to NURTEC ODT during pregnancy. For more information, healthcare providers or patients are encouraged to contact: 1-877-366-0324, email nurtecpregnancyregistry@ppd.com, or visit nurtecpregnancyregistry@registry.com.

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

The transfer of rimegepant into breast milk is low (< 1%). The effect of rimegepant on a breastfeeding infant or on milk production is unknown. 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:

Biohaven Pharmaceuticals, Inc.
New Haven, CT 06510 USA

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biohaven™ pharmaceuticals

Doctor on Call

What the heck is "transformed migraine"?

Sandra, a 37-year-old computer software engineer and mother of three from Colorado Springs, writes:

I am so confused. I've had migraine all my life, but in the past I always got by with Advil and a strong cup of coffee. Since my last pregnancy two years ago, however, I'm having migraine all the freaking time. My primary care doctor referred me to a neurologist, and she told me that I have "transformed migraine." She also rattled off what seemed to be about 30 different choices I had for treatment, and when she was finally finished I left her office more confused than I was when I went in.

What is "transformed migraine," and what should I do about it?

Perplexed in Colorado

The Doctor's Reply:

Well, Sandra, there are the short answers, and there are the long answers. Before getting into that, however, let me assure you that you are far from alone. Every year many patients who for years have had only occasional episodes of migraine experience a "transformation" of their low frequency episodic migraine into what in the past was known as "transformed migraine" and now is characterized as chronic migraine. As many as 6 million Americans actively are stuck in the swamp of chronic migraine, and unfortunately only a small percentage ever seek medical attention, receive an accurate diagnosis and are prescribed an appropriate treatment plan. This is especially unfortunate given that we now have a large handful of evidence-based therapies for treating chronic migraine.

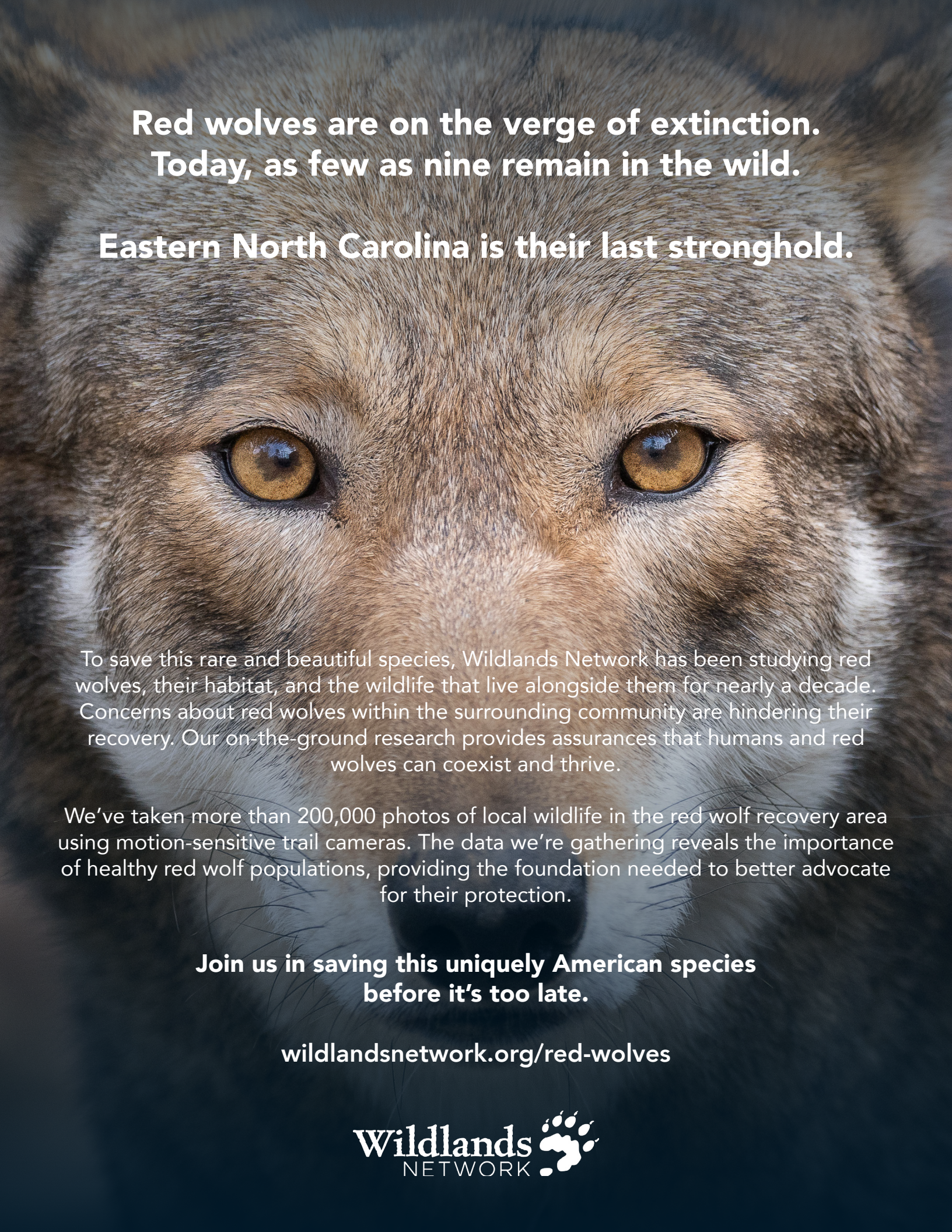
First step, pick a therapy for chronic migraine prevention/suppression and, along with it, a treatment plan for acute headaches that "break through" despite the prevention/suppression therapy. Evidence-based therapies for chronic migraine prevention/suppression now include onabotulinumtoxinA (BotoxA), any of the three currently available subcutaneously self-administered anti-CGRP monoclonal antibodies (mabs), an intravenously administered anti-CGRP mab (epitenzumab/*Vyepti*), and three orally administered drugs: rimegepant/*Nurtec*, atogepant/*Qulipta* and topiramate. *Nurtec* is to be administered orally every other day, while the other two are administered daily. The self-injected anti-CGRP mabs typically are injected once monthly, *Vyepti* is administered intravenously every three months and BotoxA is administered by

a medical provider every 12 weeks. With the exception of topiramate, a medication the editor of this magazine tends to avoid due to problems with each tolerability, represents an equally good choice. We do not have data from head-to-head comparator research studies to tell us which one is of these options is "better" than the other, and there is no component of your headache history, no blood test, nor any imaging study that will predict which of these options is destined to be the best for you. Suffice it to say that with the notable exception of topiramate, all are safe, typically well tolerated and often effective in rapidly reducing your migraine burden.

In short, it boils down to a question of what *you* prefer. Do you favor an oral medication taking daily or every other day? Do you like the idea of a medication you inject yourself once monthly? How about the option of an intravenous medication administered every three months? And how about BotoxA? Again, for most patients with chronic migraine any of these is a good choice.

Don't forget that optimal management of chronic migraine involves aggressive treatment of "breakthrough" headaches. Not only will effective treatment of those headaches help at the time you have them, but there is increasing evidence that elimination of prolonged, severe migraine episodes has a prevention effect which complements the prevention/suppression therapy you have chosen. As has been discussed at length in a previous issue of this magazine, it is best to have at hand several different therapies do use for the various levels of acute migraine headache. The therapies with the strongest evidence base for such use include "simple" analgesics (egs, aspirin and acetaminophen/*Tylenol*), nonsteroidal anti-inflammatory drugs (NSAIDs) such as naproxen sodium and ibuprofen, the various triptans (egs, sumatriptan/*Imitrex*, rizatriptan/*Maxalt*) and the newer designer drugs such as *Nurtec*, ubrogepant/*Ubrelvy*, lasmiditan/*Reyvow* and intranasal DHE/*Trudhesa*.

It is a pure shame that so few patients with chronic migraine receive appropriate treatment. There are a lot of options, but designing an appropriate treatment plan is really not all that complicated. Use this magazine to educate yourself as to the various options available, and give your choice a try. If it succeeds, great! If not, change course, and try another equally good option. Again, the bad news: we providers cannot predict prospectively what is the best option for you. The good news: in this process of educated trial of error, we now have a very nice selection of evidence-based options. Do not let your "transformed migraine" go untreated.



Red wolves are on the verge of extinction. Today, as few as nine remain in the wild.

Eastern North Carolina is their last stronghold.

To save this rare and beautiful species, Wildlands Network has been studying red wolves, their habitat, and the wildlife that live alongside them for nearly a decade. Concerns about red wolves within the surrounding community are hindering their recovery. Our on-the-ground research provides assurances that humans and red wolves can coexist and thrive.

We've taken more than 200,000 photos of local wildlife in the red wolf recovery area using motion-sensitive trail cameras. The data we're gathering reveals the importance of healthy red wolf populations, providing the foundation needed to better advocate for their protection.

Join us in saving this uniquely American species before it's too late.

wildlandsnetwork.org/red-wolves

Wildlands NETWORK


Your special
moments
should never
be ruined
by migraine.
We have
your back,
no matter where
the trail leads you.
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