



Nurtec ODT[®]

*(rimegepant/rimegepant sulfate)*¹

Version 4.0



¹ Image source: <https://www.mims.com/malaysia/drug/info/nurtec?type=full>

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Document version history

Version	Date	Description
v1.0	7/9/2025	Original Release
v2.0	7/11/2025	Updated gross spend amounts in the “Cost to the healthcare system” section; added a “Cost to payers” section; updated table 3 to reflect costs to the healthcare system; added table 4 for payer paid amounts; updated sections referencing patients to reference enrollees; added the drug name to the footer; Table 2 removed Total for paid/enrollee & claims and indicated the number as an average; updated summary page
v2.1	7/17/2025	Added to the appendix table the public comment from the 7/16/2025 board meeting.
v3.0	9/12/2025	Added new tables, formatting changes
V3.1	10/9/2025	Added new survey comment
V4.0	10/21/2025	WAC data and 30 day supply data updated. New patent and exclusivity data added. Formatting changes.

Review summary

Therapeutic alternatives^{2,3,4}

Nurtec ODT® (rimegepant sulfate) has the following therapeutic alternatives: **Aimovig, Ajovy, Emgality, Qulipta, Vyepti, and Zavzpret.**

Proprietary name	Non-proprietary name	Manufacturer	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Nurtec ODT	<i>rimegepant</i>	Pfizer Inc	3	2030-2039	2025	No
Aimovig⁵	<i>erenumab-aooe</i>	Amgen Inc.				No
Ajovy⁶	<i>fremanezumab-vfrm</i>	Teva Pharmaceuticals				No
Emgality⁷	<i>Galcanazumab-gnlm</i>	Eli Lilly and Co.				No
Qulipta	<i>atogepant</i>	Abbie Inc.	6	2031-2043	2026	No
Ubrelvy	<i>ubrogepant</i>	Abbie Inc.	14	2031-2041		No

² Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration, Aug. 8, 2025. <https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book>.

³ Frequently Asked Questions on Patents and Exclusivity, U.S. Food & Drug Administration, Feb. 5, 2020. [https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What is the difference between patents a](https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What%20is%20the%20difference%20between%20patents%20a).

⁴ Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services, May 23, 2025. <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices>.

⁵ No patent or exclusivity information was listed for Aimovig in the U.S. Food & Drug Administration Purple Book Database

⁶ No patent or exclusivity information was listed for Ajovy in the U.S. Food & Drug Administration Orange Book Database

⁷ No patent or exclusivity information was listed for Emgality in the U.S. Food & Drug Administration Purple Book Database

Proprietary name	Non-proprietary name	Manufacturer	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Vyepti ⁸	<i>eptinezumab</i>	Lundbeck Seattle BioPharmaceuticals, Inc.				No
Zavzpret	<i>zavegepant</i>	Pfizer	1	2031	2028	No

Price history^{9,10}

Nurtec ODT® (*rimegepant sulfate*) rose at an average annual rate of **4.1 percent** in 2020 to 2023.

- In the same time period, its therapeutic alternatives rose at these rates:
 - Aimovig: **4.6** percent
 - Ajovy: **4.1** percent
 - Emgality: **2.8** percent
 - Qulipta: **3.3** percent
 - Ubrelvy: **5.0** percent
 - Vyepti: **5.2** percent
 - Zavzpret: **0.0** percent

Additionally, the average annual rate exceeded inflation in 2024. Pharmacy acquisition costs (AAAC) for **Medicaid also increased by 17.0 percent** over the same period, reflecting broader trends in pricing escalation.

⁸ No patent or exclusivity information was listed for Vyepti in the U.S. Food & Drug Administration PurpleBook Database

⁹ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

¹⁰ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

Price concessions¹¹

Based on data received from healthcare carriers, Nurtec ODT in 2023 had the **gross spend of \$1,226 per claim**, while the **spend net of discount was \$904 per claim**. Price concession per claim was reported to be **\$322**.

Cost to payers¹²

Table 1 2023 APAC gross annual payer total expenditure, utilization, and cost per enrollee

Proprietary name	Total expenditure	Utilization	Cost per enrollee	Cost per enrollee, median
Nurtec ODT	\$13,227,665	12,335	\$5,338	\$913
Aimovig	\$10,990,158	15,271	\$5,893	\$710
Ajovy	\$6,566,875	10,307	\$4,097	\$639
Emgality	\$9,896,376	15,130	\$5,085	\$642
Qulipta	\$3,012,966	3,037	\$5,013	\$985
Ubrelvy ¹³	--	--	--	--
Vyepti	\$5,175	4	\$1,725	\$1,588
Zavzpret	\$41,360	41	\$2,298	\$1,048

Cost to enrollees¹⁴

Table 2 2023 APAC gross annual enrollee out-of-pocket (OOP) cost

Proprietary name	OOP cost per enrollee	OOP cost per enrollee median	OOP cost per claim	OOP cost per claim median
Nurtec ODT	\$695	\$35	\$146	\$30
Aimovig	\$587	\$30	\$80	\$20
Ajovy	\$680	\$30	\$112	\$28
Emgality	\$916	\$40	\$123	\$37
Qulipta	\$732	\$40	\$146	\$30
Ubrelvy ¹⁵	--	--	--	--
Vyepti	\$0	\$0	\$0	\$0
Zavzpret	\$153	\$35	\$64	\$10

¹¹ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. Cost information from the data call is the cost of the drug after price concessions.

¹² Based on Oregon's 2023 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

¹³ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

¹⁴ Based on Oregon's 2023 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information are prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.

¹⁵ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

Rubric considerations

Domain	Consideration
Utilization	12,335
Price evaluation	Avg change in WAC between 4-4.99%, outpaces inflation for 1 year ¹
Price concessions	50-75% of claims discounted
System & payer costs	Total gross spend \$10M-\$15M, total net spend \$3M-\$10M
Enrollee burden	Total APAC OOP annual cost \$200-\$700
Equity impact	Yes
Access restrictions	Yes
Therapeutic alternative fail to reduce system spending	Yes
Stakeholder input identify access or financial hardship?	Yes
Patent expirations more than 18 months from time of review?	No
Excluded from CMS Maximum Fair Price List (MFP)	Yes

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) database and the commercial carrier data call. APAC aggregates utilization data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total utilization and cost figures due to broader reporting, while the data call offers insight into actual expenditures from private payers in the commercial market.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-0020, PDAB conducts affordability reviews on prioritized prescription drugs selected under OAR 925-200-0010. In 2023, the selection process for affordability review included multiple criteria: orphan-designated drugs were removed, drugs were reviewed based on payer-paid cost data from the data call submissions, and drugs reported to the APAC program across Medicare, Medicaid, and commercial lines of business

were included. To ensure broader public impact, drugs with fewer than 1,000 enrollees reported the APAC reports were excluded from consideration.

Senate Bill 844 (2021) created the Prescription Drug Affordability Board (PDAB) to evaluate the cost of prescription drugs and protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in Oregon and other stakeholders within the health care system from the high costs of prescription drugs.

Drug information¹⁶

Drug proprietary name	Nurtec ODT®
Non-proprietary name (active ingredient)	<i>rimegepant sulfate</i>
Manufacturer	Biohaven Pharmaceuticals
Pharmacologic Category	Calcitonin Gene-Related Peptide (CGRP) Antagonist
Treatment	Episodic migraine prevention and acute treatment of migraine in adults
Dosage strength	75 mg orally disintegrating tablets
Recommended dosing	<ul style="list-style-type: none">• Acute migraine treatment: 75 mg orally as needed• Preventive treatment of episodic migraine: 75 mg orally every other day
Route of administration	By mouth
Physician administered	No

FDA approval

Nurtec ODT was first approved by the FDA on Feb. 27, 2020.¹⁷

The drug qualified for the following expedited forms of approval: Priority

At time of the review, the drug had no approved designation under the Orphan Drug Act.

¹⁶ U.S. Food & Drug Administration. Nurtec ODT (rimegepant) Prescribing Information. Pfizer, Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761063s006lbl.pdf.

¹⁷ FDA approval date based on the earliest occurring approval dates in the FDA Orange/Purple Book. For drugs with multiple forms/applications, the earliest approval date across all related FDA applications was used.

Health inequities

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source through APAC.

Clinical trials for migraine medications—including **Emgality (fremanezumab)**, **Emgality (galcanezumab)**, **Nurtec ODT (rimegepant)**, and **Ubrelvy (ubrogepant)**—have historically underrepresented racial and ethnic minority groups. A review of migraine clinical trials published in *Headache* found that **less than 15 percent** of participants across studies identified as non-white, with **Black Americans comprising less than 2 percent** of study cohorts in many trials—despite experiencing migraine at similar or greater rates than white populations.¹⁸ This lack of diversity limits the generalizability of trial findings and raises concerns about whether these medications perform equally well across all demographic groups.

The **Institute for Clinical and Economic Review (ICER)** highlighted similar concerns in its review of acute migraine treatments, noting that **trial enrollment did not reflect the real-world racial and ethnic diversity of people living with migraine**, particularly underrepresenting Black and Hispanic patients.¹⁹ In contrast, the FDA's *Drug Trials Snapshot* for **Nurtec ODT** provides limited but promising subgroup data: pain relief rates were found to be **comparable across racial groups**, with **23.3 percent of Black participants and 21.2 percent of white participants** achieving pain freedom at two hours.²⁰ However, without consistent subgroup analysis across all CGRP-targeting therapies, disparities in both trial design and real-world access remain.

Real-world evidence shows that **Black and Hispanic individuals are less likely to be diagnosed with migraine or prescribed advanced treatments**, even when accounting for socioeconomic status. This reflects broader systemic inequities in pain recognition, access to specialists, and treatment authorization. Compounding these disparities are **structural barriers** such as geographic isolation, lower health literacy, and provider bias²¹—all of which influence medication adherence, proper use of self-injection therapies, and management of side effects.

To ensure equitable care, future clinical research should prioritize diverse enrollment and transparent subgroup reporting, while health systems and payers must address access and affordability gaps for historically underserved populations.

¹⁸ Robbins NM, Bernat JL. “Minority Representation in Migraine Treatment Trials.” *Headache*. 2017;57(3):525-533. [PMID: 28127754](#).

¹⁹ Institute for Clinical and Economic Review (ICER). “Acute Migraine Treatments – Final Evidence Report.” January 2020. https://icer.org/wp-content/uploads/2020/10/ICER_Acute-Migraine_Evidence_Report_011020_updated_011320_-2.pdf.

²⁰ FDA. “Drug Trials Snapshot: Nurtec ODT.” <https://www.fda.gov/drugs/development-approval-process-drugs/drug-trials-snapshots-nurtec-odt>.

²¹ Williams DR, Mohammed SA. “Discrimination and Racial Disparities in Health: Evidence and Needed Research.” *J Behav Med*. 2009;32(1):20–47. [PMC2443411](#).

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

Based on APAC claims, **2,478** Oregonians filled a prescription for Nurtec ODT in 2023.²²

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

This section examines the pricing dynamics of Nurtec ODT, drawing on multiple data sources to characterize its historical cost trends and implications for affordability. It includes an analysis of the wholesale acquisition cost (WAC) and the Oregon Actual Average Acquisition Cost (AAAC), compared to its therapeutic alternatives. Together, the data provides a comprehensive view of Nurtec ODT’s list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply was calculated with unit and package WAC from Medi-Span and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug’s cost throughout the supply chain.

Table 3 30-day supply for Review Drug and its therapeutic alternatives

	Aimovig	Ajovy	Emgality	Nurtec ODT	Qulipta	Ubrelvy	Vyepti ²³	Zavzpret
30-day supply	1 unit (1 autoinjector or 1 syringe of 1ml)	1 package (1 autoinjector or 1 syringe of 1.5ml)	1 unit (1 pen or 1 syringe of 1ml)	15 units (15 pills)	30 units (30 pills)	8 units (8 pills)	0.3 package (0.3 ml of intravenous infusion)	8 units (8 sprays)

Table 4 Drug vs. therapeutic alternatives for 2018-2024 WAC per 30-day supply²⁴

Year	Nurtec ODT	Aimovig	Ajovy	Emgality	Qulipta	Ubrelvy	Vyepti	Zavzpret
2018		\$575	\$575	\$575				
2019		\$575	\$575	\$551				
2020	\$1,594	\$603	\$603	\$578		\$680	\$493	
2021	\$1,673	\$639	\$633	\$601	\$991	\$714	\$506	
2022	\$1,724	\$697	\$665	\$626	\$991	\$750	\$531	

²² Number of 2023 enrollees in APAC database across commercial insurers, Medicaid, and Medicare. For more information regarding APAC data visit: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.

²³ Treatment of Vyepti consists of 1ml of infusion every 90 days.

²⁴ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

Year	Nurtec ODT	Aimovig	Ajovy	Emgality	Qulipta	Ubrelvy	Vyepti	Zavzpret
2023	\$1,784	\$738	\$698	\$651	\$1,041	\$787	\$564	\$1,467
2024	\$1,873	\$753	\$733	\$677	\$1,093	\$827	\$603	\$1,467
Avg. Annual % Change	4.1%	4.6%	4.1%	2.8%	3.3%	5.0%	5.2%	0.0%
% change 2018 and 2024		31.0%	27.5%	17.7%				

The WAC of Nurtec ODT, averaged across one NDC reported, was approximately **\$125 per unit** at the end of 2024.²⁵ Between 2018-2024, the unit WAC increased at an average annual rate of **4.1 percent**, exceeding the general consumer price index (CPI-U) inflation rate in 2022–2023, and 2023–2024 (see Table 5 and Figure 2).²⁶

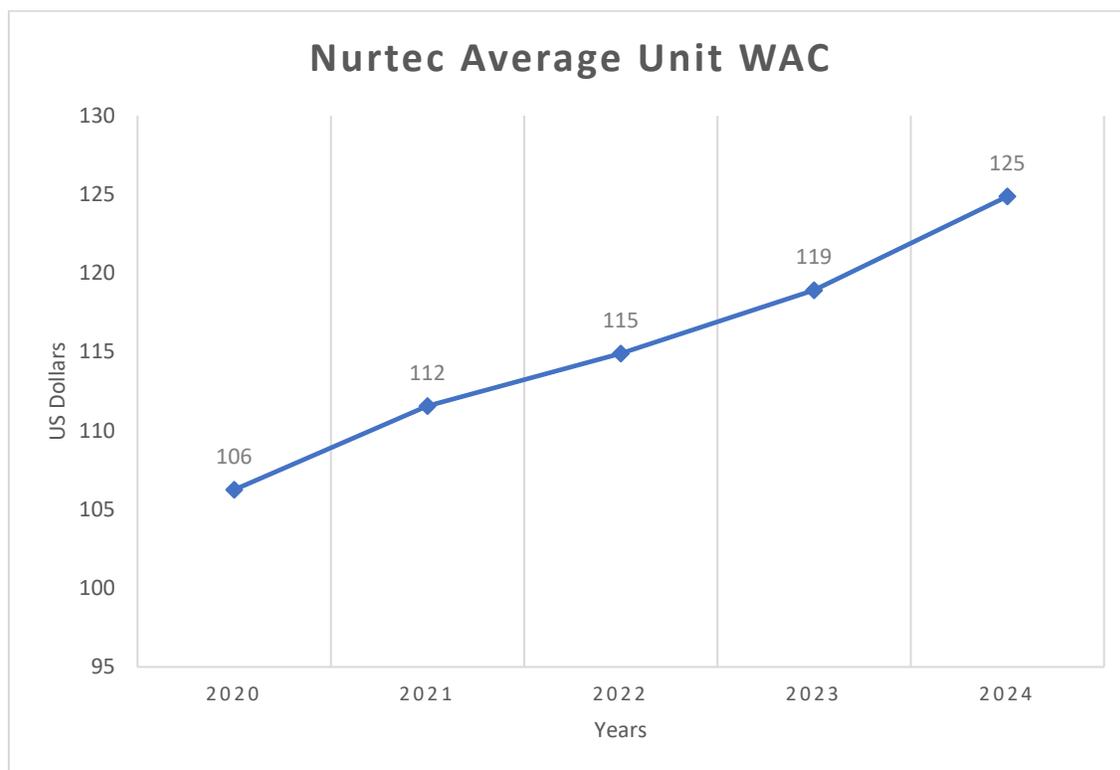


Figure 1 Nurtec ODT average unit WAC from 2020-2024

²⁵ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

²⁶ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

Table 5 Percent change of WAC of drug and therapeutic alternatives with CPI comparison²⁷

Year	Nurtec ODT	Aimovig	Ajovy	Emgality	Qulipta	Ubrelvy	Vyepti	Zavzpret	CPI-U
2018-2019		-33.3%	0.0%	-4.2%					1.7%
2019-2020		4.9%	4.9%	5.0%			2.5%		0.7%
2020-2021	5.0%	5.9%	5.0%	4.0%		5.0%	5.1%		5.3%
2021-2022	3.0%	9.1%	5.0%	4.0%	0.0%	5.0%	6.1%		9.0%
2022-2023	3.5%	5.9%	5.0%	4.0%	5.0%	5.0%	7.0%	0.0%	3.1%
2023-2024	5.0%	2.0%	5.0%	4.0%	5.0%	5.0%	5.2%	0.0%	3.0%

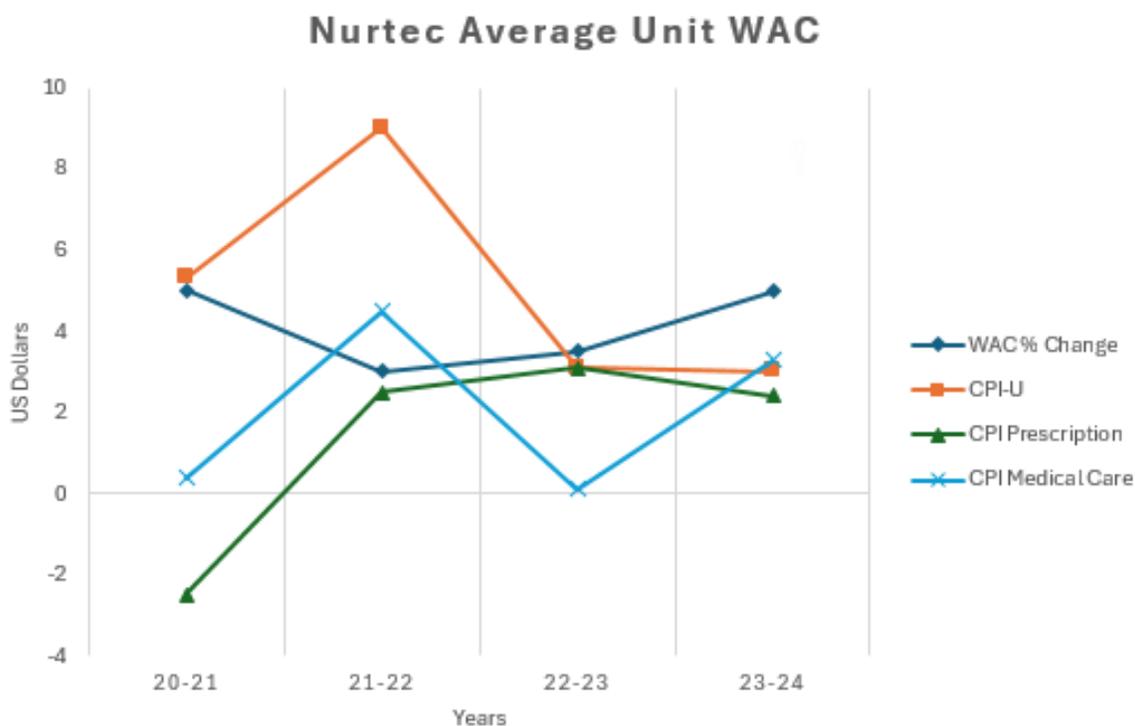


Figure 2 Year over year change in unit WAC compared to inflation rates²⁸

Pharmacy acquisition costs

The AAAC, which reflects pharmacies' actual purchase prices for Medicaid fee-for-service claims, rose from **\$102 per unit in Q3 2020 to \$102 per unit in Q4 2024**, an approximate **17**

²⁷ Percentages might differ from Table 4 as Table 5 percentages are based on unit WAC only.

²⁸ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

percent increase over the period (see Table 6).²⁹ Relative to the \$119 WAC in end-of-year 2024 an **AAAC discount of 0.7 percent** is indicated.

While WAC provides a standardized benchmark of list price, it does not account for negotiated price concessions. In contrast, the AAAC offers a more representative estimate of the net price incurred by Medicaid payers in Oregon, derived from regular pharmacy surveys conducted by the Oregon Health Authority. Monitoring these trends over time contextualizes Nurtec ODT’s price trajectory relative to inflation and informs the assessment of its affordability for public and private payers.

Table 6 2020-2024 AAAC Medicaid FFS quarterly purchase prices

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average AAAC	Average WAC
2020			\$102	\$102	\$102	\$106
2021	\$107	\$107	\$107	\$107	\$107	\$112
2022	\$110	\$110	\$110	\$110	\$110	\$115
2023	\$114	\$114	\$114	\$114	\$114	\$119
2024	\$120	\$120	\$120	\$120	\$120	\$125

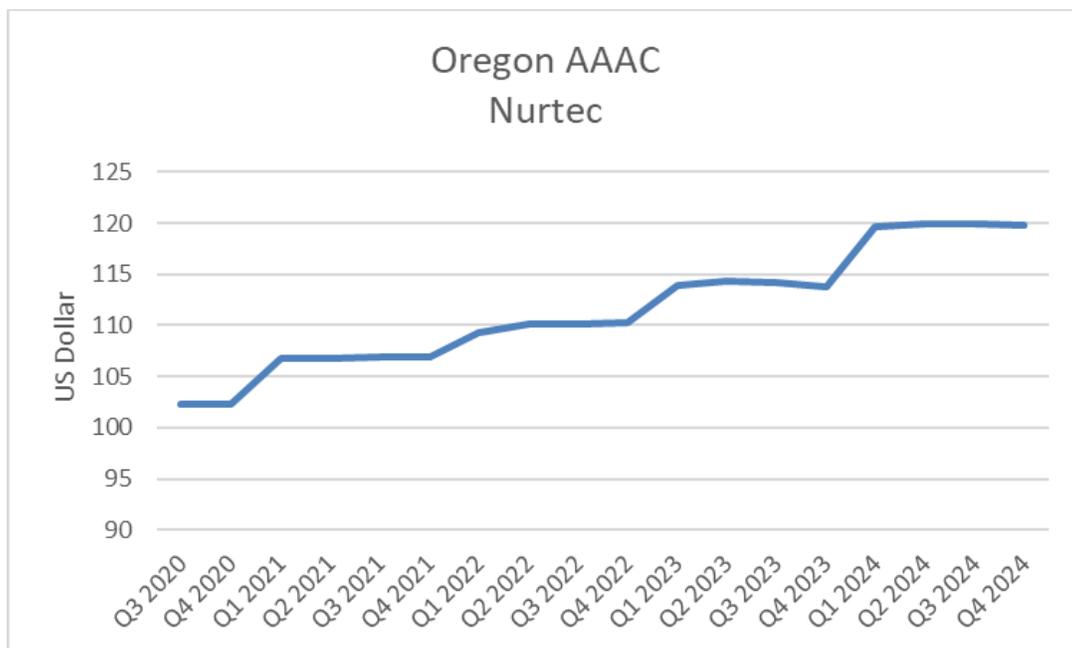


Figure 3 AAAC for Nurtec ODT from Q3 2020 to Q4 2024

²⁹ Average Actual Acquisition Cost (AAAC) Rate Listing for Brand Drugs. Pharmacy Prescription Volume Survey, January 2020 to December 2023. AAAC Rate Review. Myers and Stauffer and Oregon Health Authority. <https://myersandstauffer.com/client-portal/oregon/>

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Nurtec ODT claims in the commercial market. Drawing on 2023 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturers, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2023, the **average gross cost of Nurtec ODT per enrollee in the commercial market was approximately \$5,172**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net cost per enrollee declined to approximately \$3,813**, reflecting an **estimated mean discount of 26.3 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Nurtec ODT before concessions was \$5,705,207**, with total reported **price concessions amounting to approximately \$1,499,588**, as detailed in Table 7. Notably, **59.7 percent of claims benefited from some form of price concession**, leaving **40.3 percent at full gross cost**.

Table 7 Net cost estimate based on carrier submitted 2023 data

Total number of enrollees	1,103
Total number of claims	4,654
Total number of claims with price concessions applied	2778
Percentage of claims with price concessions applied	59.7%
Percentage of cost remaining after concessions	73.7%
Percentage of discount	26.3%
Manufacturer price concessions for all market types	\$982,138
PBM price concessions for all market types	\$512,312
Other price reductions for all market types	\$5,137
Cost before price concessions across all market types	\$5,705,207
Total price concessions across all market types	\$1,499,588
Cost of after price concessions across all market types	\$4,205,619
Avg. payer spend per enrollee without price concessions	\$5,172
Avg. payer spend per enrollee with price concessions	\$3,813

Including all market segments, the **gross spend of Nurtec ODT per claim for commercial carriers was \$1,226** before any discounts, rebates, or other price concessions. The net cost per enrollee discounts, rebates, and other price concessions was **\$904**, meaning that insurers reported a price concession of **\$322** per claim on the initial drug cost as shown in Table 8.

Table 8 The average price concessions across market types provided from Data Call³⁰

	Average	Individual market	Large market	Small market
Spend per claim, gross	\$1,226	\$1,272	\$1,173	\$1,377
Spend per claim, net	\$904	\$1,018	\$883	\$885
Price concessions per claim	\$322	\$254	\$392	\$497

³⁰ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

Figure 4 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

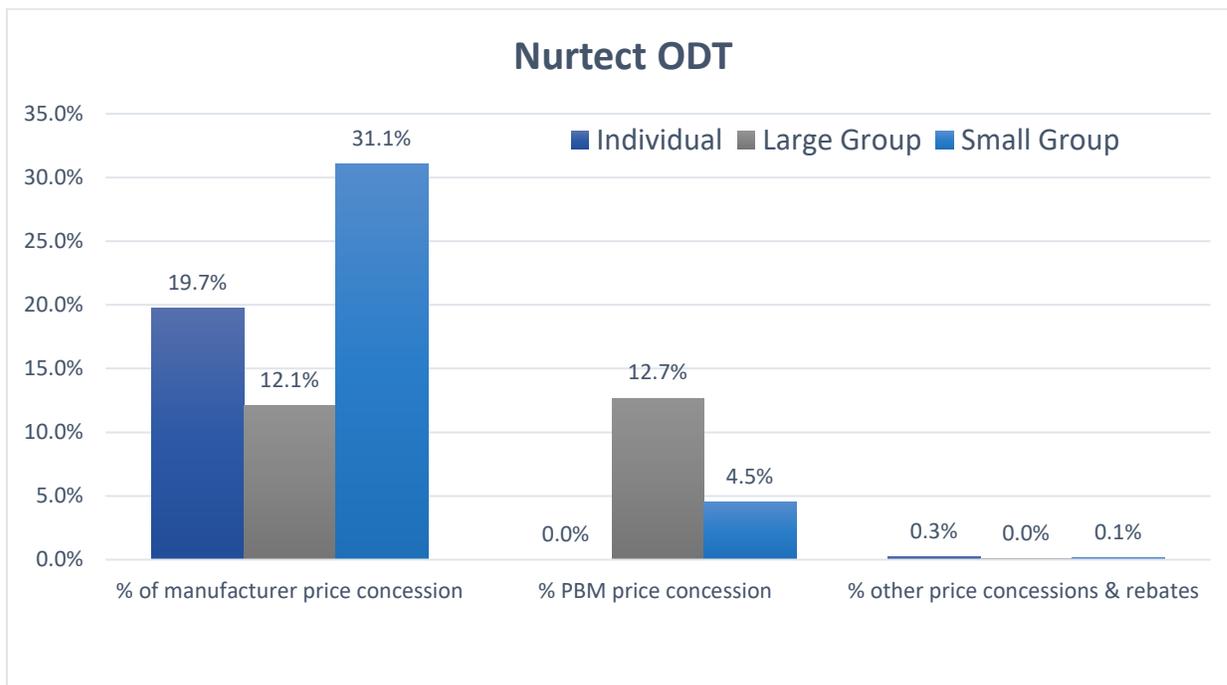


Figure 4 Percent of price concession in each market type^{31, 32}

Estimated total amount of the price concession

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Nurtec ODT to each pharmacy benefit manager, expressed as a percentage of the drug's price. At the time of this review, there was no specific data available to PDAB to determine the total amount of such price concessions in the Oregon market. The statutory and regulatory criteria call for consideration of such information to the extent practicable; however, due to limitations in available evidence and reporting, this analysis was

³¹ Price concession refers to any form of discount, directed or indirect subsidy, or rebate received by the carriers or its intermediary contracting organization from any source that serves to decrease the costs incurred under the health plan by the carriers. Examples of price concessions include but are not limited to: Discounts, chargebacks, rebates, cash discounts, free goods contingent on purchase agreement, coupons, free or reduced-price services, and goods in kind. Definition adapted from Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 423, Subpart C. See more at: [CFR-2024-title42-vol3-sec423-100.pdf](https://www.ecfr.gov/current/title-42-chapter-iv-subchapter-b-part-423-subpart-c).

³² Rebate refers to a discount that occurs after drugs are purchased from a pharmaceutical manufacturer and involves the manufacturer returning some of the purchase price of the purchaser. When drugs are purchased by a managed care organization, a rebate is based on volume, market share, and other factors. Academy of Managed Care Pharmacy. <https://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary>.

not performed. Future reviews may incorporate the data as they become available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

Estimated price for therapeutic alternatives³³

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC.

This section presents information on the estimated spending associated with Nurtec ODT and its therapeutic alternatives using data from APAC and data call collection for 2023 information. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon, while the data call includes net spending data submitted by 11 commercial health insurers. All therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Nurtec ODT's **gross payer paid per claim, based on APAC data, was \$1,072**, while **net cost data showed a lower per-claim amount of \$1,006**. Compared to Nurtec's gross payer paid per claim, Zavzpret had a similar claim cost, while Vyepti showed a higher cost per claim, though it shows to have four claims. Aimovig, Ajoy, Emgality, Qulipta and Ubrelyv show lower per-claim, with Ajoy having an average of \$637 per claim compared to Nurtec ODT.

Out-of-pocket costs also varied with enrollee payments for Nurtec ODT in **APAC averaging \$122 per claim**. Therapeutic alternatives such as Vyepti and Emgality had lower reported enrollee-paid amounts ranging from \$0 to \$104 per claim.

Neither the drug nor the therapeutic alternatives were reported by the FDA for drug shortage, thus availability is assumed to be unaffected.

³³ Therapeutic alternative means a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. [ORS 925-200-0020\(2\)\(c\)](#).

Table 9 Average healthcare and average Enrollee OOP costs for Nurtec ODT vs therapeutic alternatives³⁴

Proprietary name	No. of enrollees ³⁵	No. of claims	Total payer paid	Total enrollees paid ³⁶	Payer paid/claim	Enrollee paid/claim ³⁷
<i>Subject Drug</i> Nurtec ODT (Data Call)³⁸	1,106	4,654	\$4,680,613	\$889,828	\$1,006	\$191
<i>Subject Drug</i> Nurtec ODT (APAC)	2,478	12,335	\$13,227,665	\$1,503,175	\$1,072	\$122
Aimovig	1,865	15,271	\$10,990,158	\$882,528	\$720	\$58
Ajovy	1,603	10,307	\$6,566,875	\$885,066	\$637	\$86
Emgality	1,946	15,130	\$9,896,376	\$1,580,777	\$654	\$104
Qulipta	601	3,037	\$3,012,966	\$400,332	\$992	\$132
Ubrelvy	2,288	11,854	\$10,583,552	\$1,230,446	\$893	\$104
Vyepti	3	4	\$5,175	\$0	\$1,294	\$0
Zavzpret	18	41	\$41,360	\$2,447	\$1,009	\$60

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the estimated average of discounts, rebates, or other price concessions associated with therapeutic alternatives to Nurtec ODT, as compared to the subject drug itself. At the time of this review, there was no quantifiable data available to PDAB to assess the average price concessions for the identified therapeutic alternatives in the Oregon market.

The statutory and regulatory criteria call for consideration of such information to the extent practicable; however, due to limitations in available evidence and reporting, this analysis was

³⁴ The therapeutic alternative information is based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

³⁵ The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business indicating, meaning that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers, as compared to other totals indicated in this report.

³⁶ This cost includes all lines of business.

³⁷ Ibid.

³⁸ Information from the data call with the cost information after price concessions.

not performed. Future reviews may incorporate this information as additional data become available through carrier reporting, manufacturer disclosures, or other sources.

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the financial impact of Nurtec ODT on health insurance plans in Oregon, based on claims and expenditure data from APAC and the carrier data call. Costs are delineated by payer type—including commercial, Medicaid, and Medicare—as well as by market segment within the commercial population. These estimates highlight the distribution of expenditures across different health coverage lines and inform assessments of the drug’s budgetary implications for public and private payers.

In 2023, the Oregon APAC database recorded **12,335 total claims for Nurtec ODT among 2,638 total enrollees**, corresponding to a **total system gross expenditure of \$13.2 million**.

Table 10 provides gross cost estimates by the total APAC system spend across all lines of business:

- **Commercial** accounted for the largest share of utilization, with 6,541 claims from 1,388 enrollees and a total spend of **\$6.4 million**.
- **Medicare** and **Medicaid** payers reported smaller but notable expenditures of approximately **\$4.8 million** and **\$2.0 million**, respectively.

Table 10 Estimated 2023 APAC total annual gross payers’ expenditure for total enrollees and total claims³⁹

Payer line of business	Total enrollees	Total claims	Total payer paid	Average cost amount per enrollee	Average cost amount per claim
Commercial	1,388	6,541	\$6,396,257	\$4,608	\$978
Medicaid	408	1,842	\$2,024,678	\$4,962	\$1,099
Medicare	842	3,952	\$4,806,730	\$5,863	\$1,216
Totals⁴⁰	2,638	12,335	\$13,227,665		

Table 11 provides APAC claims utilization **across all lines of business with 12,335 total claims for Nurtec ODT. Nurtec ODT has the third highest utilization**, as the first and second highest are Aimovig and Emgality at 15,271 and 15,130 claims respectively.

³⁹ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁰ The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.

Table 11 Estimated APAC payer 2023 utilization of review drug and its therapeutic alternatives⁴¹

Proprietary name	Commercial utilization	Medicaid utilization	Medicare utilization	Total claims ⁴²
Nurtec ODT	6,541	1,842	3,952	12,335
Aimovig	5,785	4,188	5,298	15,271
Ajovy	6,224	2,373	1,710	10,307
Emgality	8,715	2,187	4,228	15,130
Qulipta	1,775	290	972	3,037
Ubrelvy ⁴³	---	---	---	---
Vyepti	0	1	3	4
Zavzpret	13	3	25	41

Table 12 shows the overall payer expenditure of Nurtec ODT and its therapeutic alternatives, distinguished by lines of business. Nurtec ODT has a **total expenditure of \$13.2 million with commercial being the largest portion at \$6.4 million.**

Table 12 Estimated APAC payer 2023 annual gross expenditure of the review drug and its therapeutic alternatives from all lines of business⁴⁴

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total ⁴⁵
Nurtec ODT	\$6,396,257	\$2,024,678	\$4,806,730	\$13,227,665
Aimovig	\$3,715,660	\$2,945,737	\$4,328,761	\$10,990,158
Ajovy	\$3,903,055	\$1,497,533	\$1,166,286	\$6,566,875
Emgality	\$5,200,738	\$1,471,650	\$3,223,988	\$9,896,376
Qulipta	\$1,658,305	\$274,690	\$1,079,971	\$3,012,966
Ubrelvy ⁴⁶	---	---	---	---
Vyepti	\$0	\$266	\$4,909	\$5,175
Zavzpret	\$12,310	\$2,206	\$26,845	\$41,360

⁴¹ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴² Total is the sum of all utilization for the drug across all lines of business.

⁴³ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

⁴⁴ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁵ Total is the sum of all expenditure for the drug across all lines of business.

⁴⁶ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

Table 13 compares the overall payer cost per enrollee of Nurtec ODT and its therapeutic alternatives, distinguished by lines of business. Aimovig has the highest total cost per enrollee at \$5,893. **Nurtec ODT had the second leading total cost per enrollee of \$5,338. The median cost per enrollee for Nurtec ODT is \$913.**

Table 13 Estimated 2023 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives⁴⁷

Proprietary name	Commercial cost/enrollee	Medicaid cost/enrollee	Medicare cost/enrollee	Total ⁴⁸ cost per enrollee	Cost per enrollee, median	IQR	Cost per enrollee, 75 th percentile	Cost per enrollee, 95 th percentile
Nurtec ODT	\$4,608	\$4,962	\$5,709	\$5,338	\$913	\$808	\$1,535	\$2,023
Aimovig	\$4,941	\$5,298	\$5,688	\$5,893	\$710	\$161	\$774	\$2,059
Ajovy	\$3,819	\$3,626	\$3,787	\$4,097	\$639	\$289	\$700	\$1,979
Emgality	\$4,677	\$4,446	\$5,030	\$5,085	\$642	\$258	\$752	\$1,900
Qulipta	\$4,645	\$3,763	\$5,567	\$5,013	\$985	\$226	\$1,043	\$2,854
Ubrelvy ⁴⁹	---	---	---	---	---	---	---	---
Vyepti	\$0	\$266	\$2,454	\$1,725	\$1,588	\$697	\$1,624	\$1,653
Zavzpret	\$2,052	\$1,103	\$2,684	\$2,298	\$1,048	\$206	\$1,112	\$1,175

Data submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost to the healthcare system was around \$5.6 million**, with payer paying \$4.7 million, and enrollees out-of-pocket estimating to be \$889,828. Table 14 includes the average plan costs per enrollee in the commercial market ranged from **\$6,153 (individual)** to **\$4,668 (large group)**, annually.

Table 14 Estimated 2023 total net costs to the healthcare system, payers and OOP/enrollee⁵⁰

Market	Number of claims	Number of enrollees	Total annual spending	Payer paid	Enrollee out-of-pocket cost
Individual	708	146	\$898,374	\$622,456	\$275,918
Large Group	3,086	757	\$3,533,543	\$3,231,183	\$302,359
Small Group	860	200	\$1,138,525	\$826,974	\$311,551
Total	4,654	1103	5,570,442	4,680,613	889,828

⁴⁷ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁸ The total is the overall cost per enrollee across commercial insurers, Medicaid, and Medicare.

⁴⁹ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

⁵⁰ Cost information from the data call is the cost of the drug after price concessions.

Market	Avg. plans spend/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. plans spend/ enrollee	Avg. payer paid/ enrollee	Avg. OOP/ enrollee
Individual	\$1,269	\$4,263	\$390	\$6,153	\$879	\$1,890
Large Group	\$1,145	\$4,268	\$98	\$4,668	\$1,047	\$399
Small Group	\$1,324	\$4,135	\$362	\$5,693	\$962	\$1,558

As shown in Figure 5, the **large market segment** represented the majority of commercial spending (63% of total), followed by small group and individual markets.

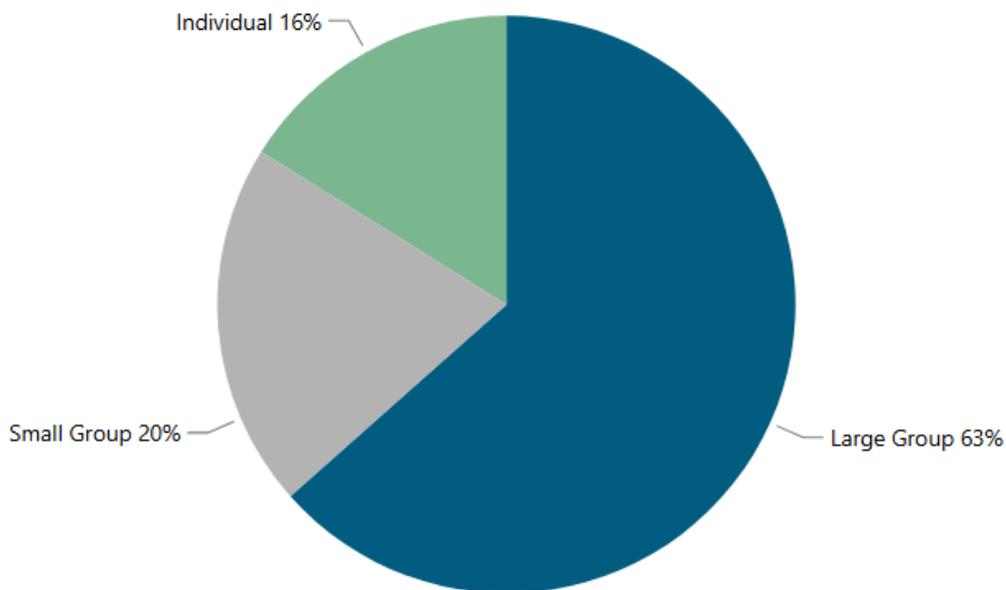


Figure 5 Data call percent of total annual spend (payer paid)

Impact on enrollee access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Nurtec ODT, including prior authorization requirements, step therapy protocols, and formulary placement. These data describe how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the follow plan design features were observed for Nurtec ODT. In 2023, approximately **99.6 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **0.4 percent of plans required step therapy** before approving its use.

For formulary placement, **86.1 percent of plans categorized Nurtec ODT as a non-preferred drug** and **1.6 percent plans excluded it entirely from the formulary**.

Table 15 Plan design analysis from 2023

Percentage of Plan	
Required prior authorization	99.6%
Required step therapy	0.4%
On a non-preferred formulary	86.1%
Not covered	1.6%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Nurtec ODT may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, no quantifiable data were available to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria contemplate consideration of such impacts to the extent practicable. However, due to limitations in available evidence, data systems, and the challenges inherent in isolating the indirect effects of a single drug on broader healthcare or social service costs, this analysis was not performed.

Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average enrollee copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Nurtec ODT in Oregon, as reported in 2023 by the two data sources: the Oregon All Payers All Claims (APAC) database and the carrier data call.⁵¹ These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance type and commercial market segment.

Table 16 and 17 presents the average annual enrollee cost-sharing amounts derived from APAC and carrier-submitted data. The APAC data, which includes claims from commercial, Medicaid, and Medicare enrollees, showed average per-claim and per-enrollee OOP gross costs that varied by payer line of business. For example, **commercial insured enrollees recorded higher average annual OOP costs** than Medicare enrollees. Due to the absence of Medicaid OOP costs, the insurance type has been omitted entirely from the following tables.

Table 16 Review drug vs. therapeutic alternatives and annual out-of-pocket cost per enrollee⁵²

Proprietary name	Annual Medicare OOP cost/enrollee	Annual Commercial OOP cost/enrollee	Total ⁵³	Median	IQR	75 th percentile	95 th percentile
Nurtec ODT	\$505	\$797	\$695	\$35	\$226	\$226	\$951
Aimovig	\$514	\$653	\$587	\$30	\$123	\$123	\$705
Ajovy	\$455	\$729	\$680	\$30	\$250	\$250	\$838
Emgality	\$589	\$1,090	\$916	\$40	\$252	\$252	\$900
Qulipta	\$414	\$896	\$732	\$40	\$246	\$240	\$1,024
Ubrelvy ⁵⁴	--	--	--	--	--	--	--
Vyepti	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Zavzpret	\$162	\$138	\$153	\$35	\$173	\$173	\$1,576

⁵¹ Gross costs from the APAC database are prior to any price concessions such as discounts or coupons. Net cost information from the data call is the cost of the drug after price concessions.

⁵² Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁵³ The total is the overall cost per enrollee across commercial insurers, Medicaid, and Medicare.

⁵⁴ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

Table 17 Review drug vs. therapeutic alternatives and out-of-pocket cost per claim⁵⁵

Proprietary name	Medicare OOP cost/claim	Commercial OOP cost/claim	Total ⁵⁶	Median	IQR	75 th percentile	95 th percentile
Nurtec ODT	\$108	\$169	\$146	\$30	\$100	\$100	\$900
Aimovig	\$74	\$85	\$80	\$20	\$60	\$60	\$391
Ajovy	\$82	\$120	\$112	\$28	\$90	\$90	\$487
Emgality	\$89	\$139	\$123	\$37	\$132	\$132	\$632
Qulipta	\$83	\$180	\$146	\$30	\$104	\$104	\$847
Ubrelvy ⁵⁷	--	--	--	--	--	--	--
Vyepti	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Zavzpret	\$65	\$63	\$64	\$10	\$58	\$60	\$170

Clinical information based on manufacturer material⁵⁸

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved:
 - acute treatment of migraine with or without aura in adults
 - preventive treatment of episodic migraine in adults
- Off Label Uses: None

Clinical efficacy

Acute treatment of migraine

The efficacy of Rimegepant ODT in the acute treatment of moderate-to-severe migraine was studied in one randomized, double-blind, placebo-controlled trial (N=1,466). The co-primary endpoints were pain freedom at 2 hours and freedom from most bothersome symptoms (MBS)

⁵⁵ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁵⁶ The total is the overall cost per claim across commercial insurers, Medicaid, and Medicare.

⁵⁷ Information is unavailable due to the NDC of Ubrelvy yielding no results in APAC database.

⁵⁸ U.S. Food & Drug Administration. Nurtec ODT (rimegepant) Prescribing Information. Pfizer, Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761063s006lbl.pdf

(Table 18). In addition to the primary endpoints, Rimegepant demonstrated a statistically significant reduction in sustained pain freedom in up to 48 hours and use of rescue medication.

Table 18 Clinical Efficacy in Acute Treatment of Migraine

Endpoint	Rimegepant ODT	Placebo	p-value	Mean difference (95% CI)
Pain freedom	21.2%	10.9%	<0.001	10.4% (6.5% to 14.2%)
Freedom from most bothersome symptom (MBS)*	35.1%	26.8%	0.001	8.3% (3.4% to 13.2%)

*MBS commonly included photophobia, nausea, or phonophobia.

Preventive treatment of episodic migraine

The efficacy of Rimegepant ODT in the prevention of episodic migraines was shown in one 12-week, randomized, double-blind trial (N=747) comparing Rimegepant ODT 75 mg orally every other day to placebo in patients with ~10 monthly migraine days. The primary outcome was change in migraine days per month (Table 19). Rimegepant modestly reduced decreased monthly migraine days compared to placebo by about 1 migraine day/month.

Table 19 Clinical Efficacy in Preventive Treatment of Episodic Migraine

Endpoint	Rimegepant ODT	Placebo	Difference (95% CI)	p-value
Decrease Monthly migraine days (Weeks 9–12)	-4.3	-3.5	-0.8 (-1.46 to -0.20)	0.010
≥50% reduction in migraine days	49.1%	41.5%	7.6% (0 to 15)	0.044

Clinical safety

- FDA safety warnings and precautions:
 - Hypersensitivity Reactions: Severe hypersensitivity reactions have included dyspnea and rash, and can occur days after administration.
 - Hypertension
 - Raynaud’s Phenomenon
- Contraindications:
 - Patients with a history of hypersensitivity reaction to rimegepant
- Common adverse effects:
 - Gastrointestinal: abdominal pain (≤2%), dyspepsia (≤ 2%), nausea (2-3%)

Therapeutic alternatives:^{59,60,61,62,63,64,65,66}

Table 20 FDA Approved Indications

Drug	Acute Migraine	Episodic Migraine Prevention	Chronic Migraine Prevention	Cluster Headache Prevention
Small molecule CGRP Receptor Antagonists (rapid acting)				
<i>Subject Drug</i> Rimegepant (Nurtec ODT)	Yes	Yes	N/A	N/A
Ubrogepant (Ubrelvy)	Yes	No	No	No
Atogepant (Qulipta)	No	Yes	Yes	No
Zavegepant (Zavzpret)	Yes	No	No	No
Monoclonal Antibody CGRP Inhibitors (long acting)				
Erenumab (Aimovig)	No	Yes	Yes	No
Fremanezumab (Ajovy)				
galcanezumab (Emgality)	No	Yes	Yes	Yes (episodic)
Eptinezumab (Vyepti)	No	Yes	Yes	No

⁵⁹ U.S. Food & Drug Administration. *Nurtec ODT (rimegepant) Prescribing Information*. Pfizer, Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761063s006lbl.pdf.

⁶⁰ U.S. Food & Drug Administration. *Aimovig (erenumab-aooe) Prescribing Information*. Amgen Inc., Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761077s015lbl.pdf.

⁶¹ U.S. Food & Drug Administration. *Ajovy (fremanezumab-vfrm) Prescribing Information*. Teva Pharms., Revised 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/761089s013lbl.pdf.

⁶² U.S. Food & Drug Administration. *Emgality (galcanezumab-gnlm) Prescribing Information*. Eli Lilly, Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761063s006lbl.pdf.

⁶³ U.S. Food & Drug Administration. *Qulipta (atogepant) Prescribing Information*. Abbvie, Action yr 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/215206s004lbl.pdf.

⁶⁴ U.S. Food & Drug Administration. *Ubrelvy (ubrogepant) Prescribing Information*. AbbVie Inc., Action yr 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/211765s007lbl.pdf.

⁶⁵ U.S. Food & Drug Administration. *Zavzpret (zavegepant hydrochloride) Prescribing Information*. Pfizer, Action yr 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/211765s007lbl.pdf.

⁶⁶ U.S. Food & Drug Administration. *Vyepti (eptinezumab-jjmr) Prescribing Information*. Lundbeck Seattle BioPharm, Action yr 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/215206s004lbl.pdf.

Table 21 Efficacy for Chronic or Episodic Migraine Prevention

Drug	Migraine days per month (mean difference from placebo) in Episodic	Migraine days per month (mean difference from placebo) in Chronic	Percentage with at least 50% reduction in number of migraine days per month
Small Molecule CGRP Receptor Antagonists (rapid acting)			
<i>Subject drug</i> Rimegepant (Nurtec ODT)	-0.8	N/A	49%
Atogepant (Qulipta)	-0.7 to -1.7	N/A	N/A
Monoclonal Antibody CGRP Inhibitors (long acting)			
Erenumab (Aimovig)	-1.0 to -2.3	-2.5	~25%
Fremanezumab (Ajovy)	-1.5 to -3.0	-1.7 to -2.0	16-22%
Galcanezumab (Emgality)	-1.0 to -2.0	-2.0	~28%
Eptinezumab (Vyepti)	-1.0	-2.0 to 2.6	14%-22%

Table 22 Efficacy in acute migraine treatment

Drug	Freedom from pain at 2 hours (mean difference from placebo)/number needed to treat (NNT)	Freedom from most bothersome symptoms at 2 hours (mean difference from placebo)/number needed to treat (NNT)
Small Molecule CGRP Receptor Antagonists (rapid acting)		
<i>Subject drug</i> Rimegepant (Nurtec ODT)	~10-16% NNT 10-14	~8-12% NNT 9-13
Urbrogepant (Ubrelvy)	~7.5-16% NNT 9-14	10% NNT 10
Zavegepant (Zavzpret)	~7% NNT 14	8-9% NNT 12-13

Table 23 Adverse Effects (AEs)

Drug	Common AEs	Notable Risks
Small Molecule CGRP Receptor Antagonists (rapid acting)		
<i>Subject drug</i> Rimegepant (Nurtec ODT)	Nausea (~2%), indigestion	Hypersensitivity (rare)
Urbrogepant (Ubrelvy)	Nausea, somnolence (≥2%)	Minimal serious risks; contraindicated with strong CYP4A inhibitors
Atogepant (Qulipta)	Nausea, constipation, fatigue/somnolence	Generally mild GI effects
Zavegepant (Zavzpret)	Nasal discomfort, dysgeusia, nausea	Rare anaphylaxis; avoid with severe liver impairment
Monoclonal Antibody CGRP Inhibitors (long acting)		
Erenumab (Aimovig)	Injection site reactions constipation (3–5%)	Rare serious constipation, hypertension
Fremanezumab (Ajovy)	Injection site reactions	Hypersensitivity reactions requiring discontinuation and corticosteroid treatment have been reported within hours to one month after administration
Galcanezumab (Emgality)	Injection site reactions, mild rash	Low incidence of hypersensitivity
Eptinezumab (Vyepti)	Infusion site reaction, nasopharyngitis, throat irritation	Minimal hypersensitivity

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See appendix page for all stakeholder feedback.

Patients and caregivers:

Note: The information presented is based on self-reported survey responses from individuals prescribed certain medications. Participation in the survey was voluntary, and the responses reflect the individual's personal understanding and interpretation of the question asked. As such, the data may contain inconsistencies or inaccuracies due to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the responses.

Survey information was received from eight individuals taking or having an association with Nurtec. According to the survey results, five respondents had Nurtec covered under the insurance, regardless of the type of insurance used.

Two patients had the drug covered under Medicare, one was on a patient assistance program (PAP) and one was not, and paid between \$0-\$49 or \$400-\$599 monthly for Nurtec.

Four patients with private health insurance did report an out-of-pocket cost between \$0-\$49 and one was on a PAP.

Below are written answers from Oregon patients who responded to the PDAB survey in April 2025. Survey responses have been edited for readability, length and to protect patient privacy.

” Nurtec ODT ”

- ✚ Nurtec helps reduce pain. My most recent, monthly, out-of-pocket cost was \$442.86. I tried another medication but can no longer take the other drug due to heart problems.
- ✚ I only took a two-pill sample from my doctor. I chose not to purchase Nurtec because the out-of-pocket cost was \$1,100 for eight doses. I could not afford it nor did insurance cover any of it. Nurtec blocks pain receptors during a migraine. It was the most effective medication I've taken for my migraines and it worked within 30-90 minutes to significantly reduce pain and other symptoms. I have typically used ibuprofen or acetaminophen to manage migraine pain but they often are ineffective. My insurance company denied approval for Nurtec and suggested I try other step-one meds. But they were vasoconstrictors rather than neuroreceptor blocks and I have concerns about taking vasoconstrictors because of my health history so I have not tried any. It's possible they may have covered some of the cost, but only after I tried two to five other preferred step-one drugs and proved they failed. I was extremely frustrated by the fact

that my doctor could hand out a sample of this medication and for the first time, I was able to experience an extremely effective remedy for my pain without side effects. After following up on the results of the sample, my doctor wrote a prescription. But due to the lack of insurance coverage and prohibitively high out-of-pocket cost, I could not have this medication to treat what has been a nearly life-long condition. Once I realized I was not going to be able to afford this prescription, I wished my doctor had never offered me a sample. Knowing there's a drug out there that truly helps but I can't have is more painful than operating under the assumption that there is no remedy and I must make due the best I can with the management strategies I've developed throughout my lifetime.

- ✚ Nurtec has provided the most relief of any drug I've tried over the last twenty years. I have tried Sumatriptan (Imitrex), Rizatriptan (Maxalt), Naproxen Sodium, Ibuprofen, Excedrin Migraine, Ubrogapant (Ubrovelvy), Topiramate (Topamax), Amitriptyline (Elavil – tricyclic), Nortriptyline, Erenumab (Aimovig), Galcanezumab (Emgality), Botulinum toxin, Magnesium, Ganglion blocks (SPG block), Ketorolac (Toradol) IV, Ketorolac once it was available in pill form, Metoclopramide (Reglan) IV, Diphenhydramine (Benadryl) IV, Diphenhydramine OTC, Saline IV fluids, Zofran (Ondansetron) IV, Zofran (Ondansetron) Oral, and probably others I cannot remember. For Nurtec, I pay \$4.80 through Medicare Part D Extra Help. This process has been long and exhausting. Getting prescription drugs for chronic migraines is a horrible experience.
- ✚ Nurtec stops a migraine and prevents a new one for 24 hours. I tried other medications and they had undesirable side effects or just didn't work. It took much back and forth between my doctor (a neurologist) and my insurance company to get the insurance to finally cover it. One of the things that made the drug affordable was a coupon I was able to use from the company directly. My monthly, out-of-pocket cost is very little, a couple of dollars.
- ✚ I rely on samples because insurance won't cover any part of it. Nurtec provides very rapid relief. I tried Sumatriptan, which caused the migraine to become worse. Since I've had the knowledge of the medication, insurance has never covered it. The insurance company said Nurtec is not in the formulary with no option of appeal.
- ✚ I cannot buy Nurtec. Insurance won't pay so I cannot even get it. I tried Zolmitriptan and it works ok once the migraine starts but it does not prevent migraines.
- ✚ I should be taking it now but I cannot afford it. My last refill was on 12/12/23 for a half-month supply (eight tabs). Nurtec is the only drug on the market that both treats and prevents migraines. And there is no generic, of course. I tried numerous migraine meds before I was allowed to be treated with Botox. It has been the most effective with my migraines. Nurtec was the absolute best, however. But at \$53 a pill (\$845 a month), I can't afford to take it. And even with the Botox, I still have other migraine meds I take as-needed, including Rizatriptan and Fioricet, plus Zofran for the nausea that always

accompanies my migraines. Fun! That's why my neurologist wants me to take Nurtec - because it helps prevent migraines, not just treat them. I might not need the Rizatriptan, Fioricet, Zofran or maybe even the Botox injections if I had Nurtec to prevent my migraines. Oh what luxury that would be. I haven't been able to take it since 2023 because it's too expensive. It's a tier 4 medication with my Medicare Advantage plan, and I have to hit a \$199 per year deductible and then I pay a 31 percent coinsurance.

Currently, at an Oregon pharmacy, Nurtec is going for about \$1,363 for 1 pack (eight tabs). But my neurologist wants me to take it every other day. Since there are only eight tabs in each pack, I would have to purchase two packs per month. However, my insurance will not let me fill two dose packs (16 tabs total) at the same time so I would have to fill one dose pack twice a month. They will only allow it to be filled in one-pack doses. So I can't fill a 90-day supply, for example, and save money. If I were to fill it now, it would cost \$199 (my deductible) plus \$423 (31 percent of \$1363) for a one-dose pack, plus another \$423 for the second dose pack. This comes to the total cost of \$1,044 for the first month. Subsequent months would cost \$845. Each pill would approximately cost \$53 (after the deductible). That's for this one medication alone. And that's with prescription insurance coverage. The insane price of this medication makes taking it simply impossible.

- ✚ One patient with private insurance who takes Nurtec 75 mg as needed for migraines, pays \$12.40 per month for 8 pills, which is the maximum allowed per month. They have been on Nurtec since 2024 and said it helps, but not always, depending on how bad the migraine. "I would like to take Fioricet because it works better, is cheaper and I can get enough pills to work each month. I get severe migraines and sometimes quite a few a month that usually last from three days to five days! So you cannot get enough Nurtec to take away the migraines or at least make it so you don't feel like pounding your head into the wall. My migraines feel like someone is hitting me in the head with a shovel. If they are on the side of my head, it feels like the veins are pounding out of my head."

Individuals with scientific or medical training

A survey of healthcare professionals with scientific or medical training identified key barriers for patients in accessing medications. A main obstacle reported was the need for prior authorization for insurance approval before prescriptions can be provided. Other challenges include step therapy protocols, quantity limits, and medication costs. Few respondents viewed PBM or formulary issues as a barrier to accessing drugs.

One healthcare professional reported prior authorization, one healthcare professional reported step therapy, one healthcare professional reported quantity limit, and one healthcare

professional reported medication cost of Nurtec ODT were administrative burdens and laborious for patients to access the medication.

Safety net providers

The information reported by safety net providers express their experience dispensing Nurtec ODT, particularly in relation to the federal 340B Drug Pricing Program. The survey collected information on utilization of the drug, the extent to which it was eligible for 340B discounts, dispensing arrangements, and payment and reimbursement levels.

A total of **11 safety net clinics** responded to the survey. Among respondents, **seven clinics indicated that Nurtec ODT was covered as a 340B-eligible prescription** within their programs. Most clinics (91%) reported operating an internal pharmacy for dispensing 340B-eligible medications, and 64 percent reported using one or more contract pharmacies for this purpose.

Additionally, **82 percent of clinics reported having a prescription savings program**, and all respondents (100%) reported employing a staff member dedicated to 340B compliance.

Regarding expenditures under the 340B program, respondents reported a range of total amounts paid for Nurtec ODT: 27 percent reported paying between **\$0–\$100,000**, 18 percent reported between **\$100,001–\$300,000**, while **55 percent declined to report citing trade secret protections**.

Reported reimbursement for dispensing Nurtec ODT under 340B also varied: 18 percent of respondents reported reimbursement between **\$0–\$100,000**, nine percent between **\$100,001–\$500,000**, and 18 percent between **\$500,000–\$10,000,000**.

Without additional detail on the volume of patients treated or the per-claim costs, it is difficult to interpret the figures in terms of clinic financial risk or access outcomes. The wide range may reflect differing clinic sizes, patient populations, or inventory management practices. Notably, the absence of full reporting by 55 percent of clinics makes it challenging to assess how Nurtec ODT's cost affects long-term affordability or sustainability for safety-net providers.

These results suggest that while Nurtec ODT is incorporated into many safety-net programs, further data would be necessary to understand how reimbursement aligns with acquisition cost and whether 340B discounts adequately mitigate financial exposure for patients and the healthcare system.

Table 24 Safety net provider survey responses

Survey information	Response
Clinics responded	11
The drug is covered as a 340B eligible prescription in their program	7
Reported having an internal pharmacy they use to dispense 340B eligible prescriptions.	91%
Reported having one or more contract pharmacies from which 340b eligible prescriptions are dispensed.	64%
Reported having a prescription savings program to improve patient access to prescription medications	82%
Reported having a staff person dedicated to 340b compliance requirements	100%
Reported total amount paid for drug under 340B was between \$0-\$100,000	27%
Reported total amount paid for drug under 340B was between \$100,001-\$300-000	18%
Reported total amount paid for drug under 340B was between this was trade secret and did not provide an amount	55%
Reported total reimbursement for drugs dispensed under 340B was between \$0-\$100,000	18%
Reported total reimbursement for drugs dispensed under 340B was between \$100-001-\$500,000	9%
Reported total reimbursement for drugs dispensed under 340B was between \$500,000-\$10,000,000	18%

Total amount paid for drugs under 340B

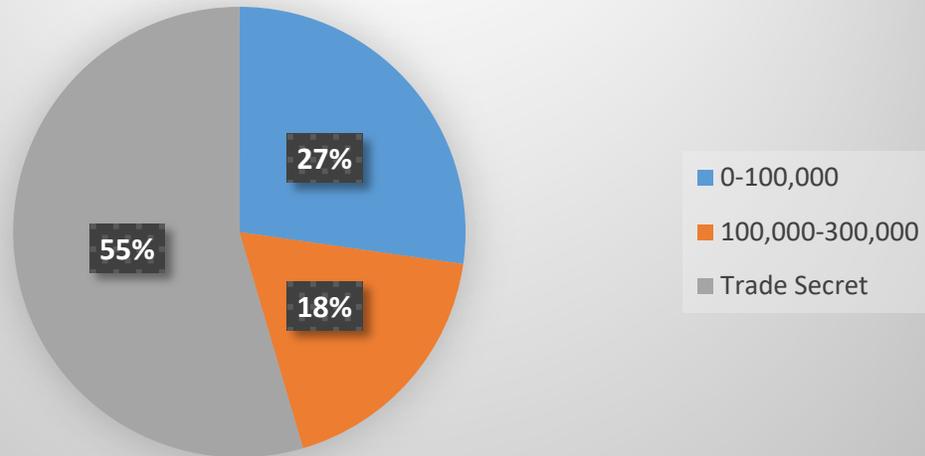


Figure 6 Amounts paid for drug under 340B discount program

Total reimbursement for drugs dispensed under 340B

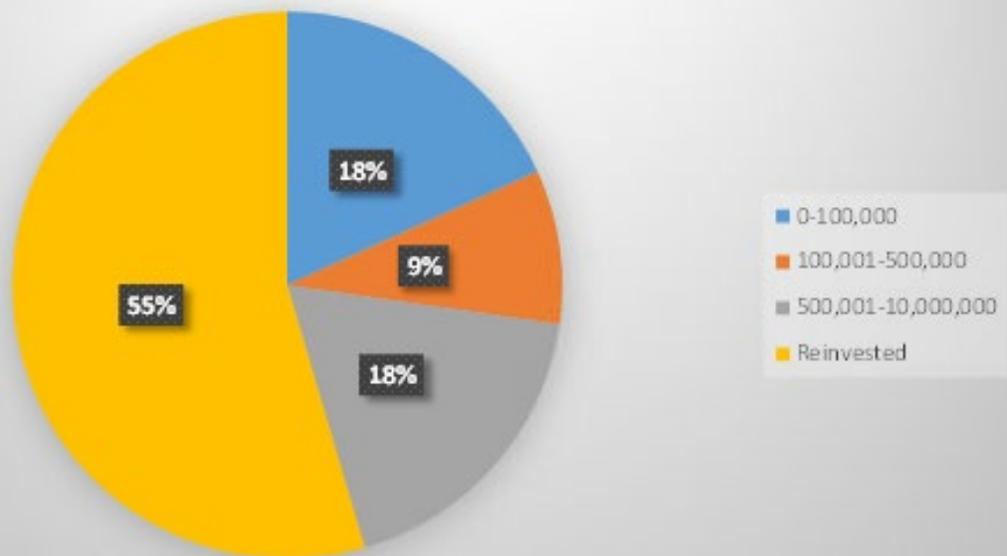


Figure 7 Estimated reimbursement ranges in dollars for potential reimbursement with drugs dispensed under 340B program

Payers

Relevant information from payers is incorporated throughout the material packed based on the data submitted through the formal data call process. This includes details on the total cost of care for the disease, the cost and utilization of the prescription drug, the availability and formulary placement, therapeutic alternatives, as well as reported impacts to member costs.

The data provided through the carrier data call serves as a comprehensive source of payer input and reflects aggregates insights across participating organizations. No separate qualitative feedback or narrative statements were requested or received from individual payers for inclusion in the section.

Appendix

Stakeholder feedback:

Name of speaker	Association to drug under review	Drug	Format	Date	Exhibit website link
Tom Brownlie	Pfizer	Nurtec ODT	Letter	6/11/25	Exhibit A
Tom Brownlie	Pfizer	Nurtec ODT	Letter	7/11/25	Exhibit B
Dresden Skees-Gregory	PhD Candidate, Principal & CEO, Sustainable Environmental Services Corp	Nurtec ODT	Letter	7/7/2025	Exhibit C
Katie Lukins	Public school teacher	Nurtec ODT	Letter	7/8/2025	Exhibit D
David Gross	Pfizer, Inc	Nurtec ODT	Speaking	7/14/2025	Exhibit E
Lindsay Videnieks	The Headache & Migraine Policy Forum	Nurtec ODT	Letter	7/14/2025	Exhibit F