

Letter 3

Dear Tami,

My name is Michael Parker. I am a Nurse Practitioner in the outpatient Neurology department with a headache subspecialty at St Luke's. I speak for both Allergan (Ubrogepant) and Biohaven (Rimegepant). I would like you to **please consider approving coverage of the gepant medication (ubrogepant and rimegepant) for acute treatment of migraine in patients who have contraindications or have failed to respond to 1-2 triptan medications.** I have listed reasons below in a tabulated format for your ease of reading.

1. Gepant medications have a different MOA than triptans and have been shown to work in some triptan non-responders
2. Gepant medications are safe to use in patients with stable cardiovascular risk factors
3. Gepant medications were not found to cause medication overuse headache (rebound headache) when use appropriately
4. Gepant medications have a very good safety and side effect profile with no adverse effects seen in more than 3-4 % of patients at higher doses. These were nausea, dry mouth and fatigue and similar rates to placebo
5. Gepant medications are not controlled and did not show any addiction potential which has been seen with butalbital, opiates and lasmitidan
6. Gepant medications have similar efficacy as triptans when comparing pain relief, pain freedom, and relief of most bothersome symptoms
7. Gepant medications do not carry the risk of serotonin syndrome which has been associated with triptan use as they do not work on the serotonin system.

\*ACHIEVE I and ACHIEVE II studies and Rimegepant Phase 3 trial

As a migraine specialist I see the overwhelming unmet need of many patients who need better migraine relief but do not have access to gepant medications due to insurance. We know that when migraines are poorly managed patients have a significantly higher risk of progressing to chronic migraine and having worse disability. This is exacerbated when patients are overusing over the counter medications or are placed on an opiate or barbiturate due inability to take or tolerate triptans.

A recent study (MAST study) found that over half of patients discontinued triptans due to either lack of efficacy or side effects. This fails to consider the patients who were never candidates for triptans in the first place due to cardiovascular risk factors. Having access to a gepant medication would be a huge improvement to the care of my patients with Medicaid. The data for both medications is very similar, and I cannot say that one gepant medication is superior to another.

**Based on the information above I would ask you to please consider approving a gepant medication for patients who have contraindications to triptans or have failed 1-2 triptans due to side effects or efficacy.**

Thank you,

Michael Parker, FNP-BC