

4206 West Charleston Blvd
Las Vegas, NV 89102
Ph: (702) 331-6709
Fax: (888)-624-0181
Email: lasvegas.neuro@gmail.com

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Dear Colleague,

My name is Lydia B. Estanislao, MD, a board-certified neurologist practicing Neurology for almost 20 years now. I am writing this letter to provide rationale as to why I think Nurtec (Rimegepant) is a very good treatment option for patients with migraine and in support of its consideration as preferred agent among the CGRP class of agents in the Medicaid formulary for acute treatment of migraine.

Migraine is one of the most common neurologic ailments young individuals suffer from. Up to 39 million people in the US and 1 billion people worldwide have migraine [Migraine Research Foundation. <https://migraineresearchfoundation.org/about-migraine/migraine-facts>. Accessed March 2, 2020]. The annual cost of migraine in the US has been estimated to be around \$36 billion. In a study done by Bonafede M et al., those with migraine have twice more ER visits and inpatient admissions than those without [Headache 2018; 58 (5): 700-714]. And in another study of 850,000 patients with migraine by the same author, patients with two or more migraine-related ER visits have incurred \$3125 more total all-cause costs as compared to those with less than two ER visits [J Manag Care Spec Pharm. 2017; 23 (11): 1169-1176].

Interestingly, the current acute treatments we have for migraine prior to the advent of Nurtec have been unable to meet the needs of patients with migraine. Patients may still experience lingering symptoms post-migraine headache attack, despite acute treatment with the other agents, either due to side-effects of the medicine used for migraine, or due to incomplete treatment of the symptoms following the migraine headache. In a study done by Stewart WF et al [J Occup Environ Med 2008; 50 (7): 736-745],

the productive time lost due to employees who are absent because of a migraine attack, and more importantly, those who are present and yet suffering the lingering post-migraine symptoms (so called presenteeism) are almost equal to those employees with conditions other than migraine (absence time: 1.2 hours in migraine vs 1.5 hours in other conditions; presenteeism 3.5 hours in migraine vs 3.4 hours in other conditions). In this study, people with migraine have been found to have lost a total of 10 days of work productivity a year.

Nurtec is the only drug that is in an oral disintegrating formulation in the gepant CGRP class. Because of its patented Zydis technology, water is not required, and once placed on or underneath the tongue, it dissolves in seconds, and starts working in minutes. This means that it is the only drug that can be used for acute treatment in migraine that: a) can be taken anywhere, as it does not require water; b) works in minutes, early enough to nip the migraine attack at its bud, before it gets worse and uncontrollable. In migraine, too often, unless one does not catch the attack early on, once the headache ensues it becomes harder and more difficult to control.

In its two pivotal trials, one published in Lancet [Croop R et al. Lancet. 2019;394 (10200):737-745], and another one in New England Journal of Medicine [Lipton RB et al. N Engl J Med. 2019;381(2):142-149], Nurtec has been found to be safe in people with migraine who have stable cardiovascular conditions and risk factors (e.g hypertension). In the Lancet study, one dose of 75mg for 24 hours was enough to control the migraine attack such that 86% of the study subjects did not require a rescue medicine. Furthermore, efficacy was sustained in many study subjects all the way to 48 hours, with its half life of 11 hours.

In summary, Nurtec is the only drug that is fast (dissolves in seconds and can start working in minutes), lasts (sustained efficacy in many patients for as long as 48 hours), and simple (one 75mg ODT that can be taken anytime anywhere without water).

All of the above comprise my basis for providing support to Nurtec's consideration as preferred drug in the Medicaid formulary. Since its approval, I have used it in many of my patients with intractable migraine (almost 45% to 50% of my current 800+ active patients). And I can say that I have been successful in a lot of times. And these patients come back to me thanking me for putting them on Nurtec. They say that they have never had anything quite like this drug before. Finally, rain in a long season of drought, or so they say.

On this note, I end this letter. Thank you very much for your attention.

Truly yours,



LYDIA B. ESTANISLAO, MD

Diplomate American Board of Psychiatry and Neurology
