NHS South Yorkshire Integrated Care Board

Clinician Fact Sheet: Rimegepant (Vydura®) for Acute Treatment of Migraine in Adults

This information is provided to support primary care clinicians prescribing Rimegepant 75 mg oral lyophilisate (wafer) for acute treatment of migraine (Green on SY TLDL). see Patient Information: Rimegepant, Amber-G document for migraine preventive treatment and for specialist advice see contact details for STH headache clinic.

NICE TA	• **When rimegepant is prescribed for acute treatment of migraine it should be in-line with NICE recommendations.** NICE TA 919 recommends rimegepant as an option for the acute treatment of migraine with or without aura in adults, only if for previous migraines: - at least 2 triptans were tried and they did not work well enough or triptans were contraindicated or not tolerated, and nonsteroidal anti-inflammatory drugs (NSAIDs) and paracetamol were tried but did not work well enough.
Overview	• Rimegepant is an oral calcitonin-gene related peptide (CGRP) receptor antagonist. People experiencing migraine have been found to have raised levels of CGRP. Blocking its activity is hoped to stop an active migraine attack. • Rimegepant appears to be as effective as triptans. It is safe and generally well tolerated, with nausea being the main side effect.
Triptan failure	• **Before considering rimegepant the prescriber should confirm that triptans have been trialled appropriately:** - All triptans work on the same pathway, but different individuals may find one triptan suits them best. Refer to local formulary. - Lack of response to one triptan does not predict response to other triptans. - A triptan should be tried for at least 2 migraine attacks at the maximum tolerated dose before deciding it is not effective (unless intolerable side effects after the first dose). General efficacy is defined as a particular triptan being effective for 2 out of 3 attacks. If no relief within 2 hours of taking a triptan, then it is probably not effective. Around 30% of patients don't respond to any triptan. - Triptans need to be taken correctly. Triptans are only effective if taken early and in the headache phase. - The correct route of administration has been considered, e.g. nasal or subcutaneous injections of triptans in patients with early profuse vomiting. A longer acting triptan can be considered for menstrual migraine. • Combination of a triptan and an NSAID is more effective than taking either of these separately. • An antiemetic can improve efficacy unrelated to nausea and vomiting by improving gastric motility and aiding drug absorption. • Try to limit acute treatment to twice a week to avoid medication overuse headache. Headache diaries should be kept (see here).
Advice for prescribers	• If rimegepant is prescribed for acute treatment of migraine simple analgesia e.g. paracetamol or ibuprofen can continue to be taken (as above). Due to rimegepant's place in acute treatment (used if triptans ineffective or contraindicated / not tolerated) concomitant use with a triptan is not recommended (note a triptan can be taken if rimegepant is used for migraine prevention). If migraine occurs on ≥ 4 days a month, consider preventive treatment. • When rimegepant is prescribed for migraine prevention, it can also be used for acute treatment of migraine. The maximum daily dose is one 75mg wafer (rimegepant) per day. Therefore you can't take rimegepant for acute migraine on the same day you have taken it for migraine prevention. • Blood pressure should be checked periodically (e.g. annually) – see cautions cardiovascular.
Dose (See SPC for full details)	• **ONE wafer (75 mg) to be taken, as needed, at the start of a migraine. Maximum dose is 75 mg / 24 hours (some drug interactions have a maximum rimegepant dose of 75 mg every 48 hours - See here or SPC).** • Patients should not take an additional 75mg for acute treatment of migraine on the same day as receiving rimegepant for prophylaxis of migraine.
Trial and review	• Recommend initial trial with 4 tablets and a review appointment scheduled to assess tolerability and response before further prescriptions are issued. If a trial is successful, consider 8 tablets as a maximum per month. Success can be seen as free from most bothersome symptoms within 2 hours.
Method of Administration	• The wafer should be placed on the tongue or under the tongue. It will disintegrate in the mouth and can be taken without liquid. • Advise patients to use dry hands when opening the blister and see package leaflet for complete instructions. Can be taken with or without food.

Interactions (See SPC for full details)	Rimegepant is a substrate of CYP3A4, P-glycoprotein (P-gp) and breast cancer resistance protein (BCRP) efflux transporters**:** • **Do not use rimegepant concomitantly with**: - Strong CYP3A4 inhibitors e.g., clarithromycin, itraconazole, ritonavir - Strong or moderate inducers of CYP3A4 e.g. strong phenobarbital, rifampicin, St John's wort or moderate bosentan, efavirenz, modafinil • **Do not take another dose of rimegepant within 48 hours when it is concomitantly administered with:** - Moderate CYP3AA4 inhibitors e.g. diltiazem, erythromycin, fluconazole - Strong inhibitors of P gp and BCRP efflux transporters e.g., cyclosporine, verapamil, quinidine Note: regular consumption of grapefruit / grapefruit juice may increase rimegepant levels and increase the risk of side effects.
Adverse effects (See SPC for full details)	The most common adverse reaction is nausea for acute treatment (1.2%) and for migraine prophylaxis (1.4%). Most of the reactions were mild or moderate in severity. - Hypersensitivity reactions occurred in less than 1% of patients treated; can occur days after administration, including delayed serious hypersensitivity. **Patients should know to stop taking rimegepant if any sign of an allergic reaction e.g rash or shortness of breath and seek medical advice.** - Although not in the SPC clinical trial data has shown patients reporting fatigue, other gastrointestinal side-effects such as acid or sour stomach, abdominal discomfort, belching, heartburn and indigestion; and sinus, throat or airway infections. - There is no or negligible influence on the ability to drive and use machines. - ▼ Rimegepant is a black triangle drug; report ALL suspected adverse reaction to the MHRA: www.mhra.gov.uk/yellowcard
Contra-indications	• Hypersensitivity to the active substance or to any of the excipients (gelatin, mannitol (E421), mint flavour, sucralose).
Cautions and Special populations (See SPC for full details)	• **Pregnancy**: There are limited data from the use of rimegepant in pregnant women. Avoid in pregnancy – family planning to be discussed at onset of treatment. • **Breast-feeding**: There are no data available on the effects of milk production – assessment of clinical need versus potential risks. • **Fertility**: Animal studies showed no clinically relevant impact on female and male. • **Elderly** (aged 65 and over) - There is limited experience with rimegepant in patients aged 65 years or older. No dose adjustment is required. • **Paediatric:** The safety and efficacy of rimegepant in < 18 years has not been established; therefore only recommended in > 18 years. • **Cardiovascular Disease** (CVD): Rimegepant can be used in cvd where triptans are contraindicated; but due to a lack of data caution is advised in patients with significant cardiovascular or cerebrovascular disease or uncontrolled hypertension. Local specialist advice recommends avoid initiating rimegepant within 6 months of an acute cardiovascular or cerebrovascular event; and discontinuing treatment if a patient has a new event whilst using rimegepant. • **Raynaud's disease**: potential risk of symptom exacerbation in patients with co-existent Raynaud's; monitor and stop treatment if symptoms worsen. • **Renal and hepatic impairment –** see below
Rimegepant is not recommended:	• in patients with severe hepatic impairment – see SPC • in patients with end-stage renal disease (CrCl < 15 ml/min), caution if frequent use in severe renal impairment - see SPC • for concomitant use with strong inhibitors of CYP3A4 (see interactions above) • for concomitant use with strong or moderate inducers of CYP3A4 (see interactions above) • Medication overuse headache (MOH)
Contact details	For any **clinician queries** relating to acute treatment of migraine with rimegepant email: sth.headacheadvice@nhs.net. This is usually checked daily. The urgency of the query will be assessed and triaged. **Do not give email address to patients.**