Amber with Guidance (Amber-G) = To be initiated by a specialist with follow up prescribing and monitoring by primary care clinicians.*
**Specialist is defined by IMOC as a clinician who has undertaken an appropriate formal qualification or recognised training programme, or who has the appropriate knowledge and competencies within the described area of practice.*

NHS South Yorkshire Integrated Care Board

Atogepant for preventing episodic and chronic migraine

The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (https://bnf.nice.org.uk/) and the SPC (https://www.medicines.org.uk/emc/) remain authoritative. The SY ICB Medicines Optimisation Team will alert primary care prescribers if any significant changes in review or monitoring arrangements of Amber-G medicines they prescribe are recommended.

Background Information	• Migraine is a common disabling primary headache disorder • Migraine has two major types: migraine with aura and migraine without aura and can be separated into episodic (≥ 4 migraine days per month but less than 15) and chronic (>15 headache days per month with at least 8 of these having migraine features. • Both episodic and chronic migraine should be treated with a choice of oral preventives as noted in NICE CG150 and local guidance SY ICB Neurology Migraine Management . If these steps prove to be ineffective or not tolerated a referral to a neurologist for specialist assessment can be made. • Atogepant is suitable for prevention of migraine in patients who have at least 4 migraine days per month and can be initiated in secondary care. Its effectiveness will be assessed prior to transferring prescribing responsibility to primary care.
Therapeutic class	• Migraine prevention of episodic and chronic migraine • Atogepant is a calcitonin gene-related peptide (CGRP) receptor antagonist which inhibits the function of CGRP, thereby reducing the frequency and severity of migraine attacks.
Indication	• In line with NICE TA 973 atogepant is recommended as an option for preventing migraine in adults: - who have at least 4 migraine days per months and - only if at least 3 alternative oral preventives have not worked* or are not tolerated or are unsuitable because of safety concerns. Note: * Before a preventive is considered ineffective it should have been trialled at the maximum tolerated dose for at least 8 weeks.
Dosage and administration	• Atogepant 60mg tablet taken orally once daily • Atogepant 10mg tablet taken orally once daily (see interacting drugs reduced dose recommended or reduced renal function CrCl < 29 mL/min)
Cautions and Contraindications – see SPC for full details.	**Contraindications:** Hypersensitivity to the active substance or excipients – see here **Cautions / special populations:** • There are clinically significant drug interactions – see here. • Avoid in severe hepatic impairment. • Reduced dose in renal impairment (CrCl < 29 mL/min) • Cardiovascular: atogepant can be used in cardiovascular disease. However 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 atogepant within 6 months of an acute cardiovascular or cerebrovascular event and discontinuing treatment if a patient has a new event whilst using atogepant. • Raynaud's disease: Caution in patients with co-existent Raynaud's disease due to potential risk of symptom exacerbation; monitor and stop treatment if there is an increase in symptoms.
Pregnancy and breast feeding	• To be avoided in pregnancy – family planning to be discussed at onset of treatment. • Breast-feeding – assessment of clinical need versus potential risks. No data available on the effects of milk production.

Adverse Drug Reactions – see SPC for full details.	• Common side effects include: - Hypersensitivity (e.g., dyspnoea, rash, pruritus, urticaria, facial oedema - Decreased appetite / weight loss - Nausea, constipation - Fatigue/somnolence • Uncommon: ALT/AST increased • Rare: anaphylaxis • Hypersensitivity, reactions include dyspnoea and rash, can occur days after administration. Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard • If a patient reports symptoms of allergy e.g. severe rash or breathing difficulties, they should stop atogepant and seek medical advice. • No or negligible influence on the ability to drive and use machines. However, it may cause somnolence in some patients. Patients should exercise caution before driving or using machinery until they are reasonably certain that atogepant does not adversely affect performance.
Monitoring	• Atogepant▼ is a black triangle drug; report ALL suspected adverse reaction to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard **Secondary care:** • Baseline of 2 months headache diary is required prior to commencing treatment with atogepant (access BASH or Migraine Trust for a headache diary) • Specialist will provide advice on any changes required to acute treatment of migraine (e.g. rimegepant for acute treatment will need to be stopped). • Response to atogepant (efficacy and tolerability) will be assessed by the Headache Team at 12 weeks, using headache diary for comparison. • Atogepant will be stopped after 12 weeks if the frequency of migraines does not reduce by: ○ At least 50% for episodic migraine (defined as fewer than 15 headache days per month) and ○ At least 30% for chronic migraine (defined as 15 or more headache days per month, with at least 8 of those having features of migraine). Prescribing will only be continued if patient fits this criteria. • If atogepant is continued prescribing will be transferred to primary care after 12 week review. • Headache Team will provide GP surgery with pre- and post-treatment migraine frequency; and confirmation of at least a 30% reduction for chronic migraine and 50% reduction for episodic migraine. **Primary care:** • Routine annual medication review by primary care to include assessment of efficacy and frequency of migraines (first review within 9-12 months of starting treatment and annually thereafter). See cautions (periodically check blood pressure e.g. annually). • Patients should be asked to keep a headache diary and be able to show it if they report increase in migraine frequency or severity. **Annual Review by primary care:** • If < 4 migraine days per month recommend trial withdrawal of atogepant to assess if migraines have resolved (atogepant can be stopped without tapering). If after stopping the number of migraine days per month increases to 4 or more atogepant can be re-started by primary care (no need for referral to secondary care). • If > 4 migraine days per month but atogepant has been effective continue with appropriate medication reviews, at least annually.

Amber with Guidance (Amber-G) = To be initiated by a specialist with follow up prescribing and monitoring by primary care clinicians.*
**Specialist is defined by IMOC as a clinician who has undertaken an appropriate formal qualification or recognised training programme, or who has the appropriate knowledge and competencies within the described area of practice.*

Interactions – see SPC for full details.	**The maximum dose of atogepant with any of the following is 10mg once daily:** • Strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, voriconazole, clarithromycin, telithromycin, indinavir, nelfinavir, ritonavir, saquinavir) • Strong OATP inhibitors (e.g., rifampicin, atazanavir, ritonavir, tipranavir, ciclosporin, telmisartan) Note: regular consumption of grapefruit / grapefruit juice may increase atogepant levels and increase the risk of side effects.
Additional information	• Training, support and advice available via specialist headache team: contact details • Treatments for acute migraine including simple analgesia (e.g. ibuprofen or paracetamol) or a triptan can be continued (rimegepant for acute treatment should be avoided) but should be limited to twice weekly to avoid medication overuse headache. • Supporting information SY ICB Neurology Migraine Management
When to refer	• Refer back to headache clinic for review of migraine if a patient stops taking atogepant, there is an increase in migraine frequency or severity, new side-effect and /or contraindication, drug interaction, poor compliance or if the patient's clinical condition has changed. See contact details here • See SY ICB Neurology Migraine Management for referral criteria
Patient information	• It is the responsibility of the initiating clinician to share and discuss the patient information with the patient. • Patients will be provided with a STH Patient Information Leaflet – 'Atogepant migraine treatment – Information for patients' at the start of treatment. • The headache service can be emailed by either a patient prescribed atogepant or by clinicians.
Ordering information	• First 12 weeks of atogepant will be supplied via STH pharmacy. • If continued after 12 week review, specialist will provide a further prescription for 4 weeks and at the same time write to primary care clinician asking for prescribing to be transferred to GP Surgery. Prescriptions thereafter (month 5 onwards) will be expected to come from the GP.
Further information:	• The Migraine Trust is a registered charity dedicated to helping people affected by migraine. The Migraine Trust or contact Tel: 0808 802 0066.

Contact names and details

Clinicians can get advice by contacting headache service below (email is preferred method).
Do not share clinician email address with patients.

Contact Details	Telephone number	Email
Headache Nurse Specialist Team	0114 2268877	• For queries from primary care clinicians: sth.headacheadvice@nhs.net This will usually be checked on a daily basis. The urgency of the query will be assessed and triaged.
STH Intranet: https://www.sth.nhs.uk/neurosciences/neurology/our-services/headachemigraine		

Equality and diversity This supports equitable access to treatment.

References

- Responsibility for prescribing between Primary & Secondary/Tertiary Care: https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf
- Atogepant (Aquipta®) Summary of product Characteristics. https://www.medicines.org.uk/emc/product/15049/smpc
- Atogepant for preventing migraine Technology appraisal guidance. TA973 Published: 15 May 2024.
- BASH.(British Association For the Study Of Headache) https://bash.org.uk/.

Development Process

This guidance has been produced by Nicky Hannay, Headache Specialist Nurse following an AMBER-G classification status of atogepant by South Yorkshire Integrated Medicines Optimisation Committee (IMOC). This guideline has been subject to consultation and endorsement by Dr Lindert, Neurology Consultant and Dr Burns, Neurology Consultant and was ratified by IMOC on 1/10/2025.