Amber with Guidance (Amber-G) = To be initiated by a specialist with follow up prescribing and monitoring by primary care clinicians.*
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NHS South Yorkshire Integrated Care Board

Rimegepant for preventing episodic 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. • Rimegepant is suitable for prevention of episodic migraine 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 migraine. • Rimegepant 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 TA906 rimegepant is an option for preventing migraine in adults: - who have at least 4 and fewer than 15 migraine attacks (days*) per month and - only if at least 3 alternative oral preventives have not worked** or are not tolerated or are unsuitable because of safety concerns. Note: *The SPC and NICE TA for rimegepant refer to migraine 'attacks' but STH prefer to use migraine 'days' as it's easier for a patient to monitor. **Before a preventive is considered ineffective it should have been trialled at the maximum tolerated dose for at least 8 weeks.
Dosage and administration	• Rimegepant 75mg oral lyophilisate (wafer) (one to be taken on alternative days). • Follow manufacturer instructions for administration. • Prescribe as 14 tablets for a 28 day prescription. • Maximum dose is 75 mg per day (note reduced dose with interacting drugs).
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 renal impairment (CrCl < 15 ml/min) and • Avoid in severe hepatic impairment. • Cardiovascular: Rimegepant 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 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: 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	• The most common side effect is nausea (acute treatment 1.2% and preventive treatment 1.4%). See SPC. • Uncommon: 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 rimegepant 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.
Monitoring	• Rimegepant▼ 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 rimegepant (access BASH or Migraine Trust for a headache diary) • Specialist will provide advice on any changes required to acute treatment of migraine. See here if taking rimegepant for acute treatment of migraine. • Response to rimegepant (efficacy and tolerability) will be assessed by the Headache Team at 12 weeks, using headache diary for comparison. • Rimegepant will be stopped after 12 weeks if the frequency of migraine attacks (days) does not reduce by at least 50%. Prescribing will only be continued if patient fits this criteria. • If rimegepant 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 50% reduction. **Primary care:** • Routine annual medication review by primary care to include assessment of efficacy and frequency of migraines (first review should be 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, especially if they report an increase in migraine frequency or severity. **Annual Review by primary care:** • If < 4 migraine days per month recommend trial withdrawal of rimegepant to assess if migraines have resolved (rimegepant can be stopped without tapering). If after stopping the number of migraine attacks per month increases to at least 4 but fewer than 15 rimegepant can be re-started by primary care (no need for referral to secondary care). • If > 4 migraine days per month but rimegepant has been effective continue with appropriate medication reviews, at least annually. • If > 15 migraine days per month which suggests chronic migraine refer back to headache clinic for review of migraine.
Interactions see SPC for full details	**Avoid concomitant use of rimegepant for migraine prevention with any of these medicines:** • Strong CYP3A4 inhibitors e.g., clarithromycin, itraconazole, ritonavir (increases plasma concentrations of rimegepant). • Strong or moderate CYP3A4 inducers e.g. phenobarbital, rifampicin, St John's wort or moderate bosentan, efavirenz, modafinil (decreases plasma concentrations of rimegepant) **Repeat dose of rimegepant to be avoided within 48 hrs if taking any of these medicines:** • Moderate CYP3A4 inhibitors–e.g. diltiazem, erythromycin, fluconazole (may increase exposure to rimegepant) • Strong P gp and BCRP efflux transporter inhibitors e.g., cyclosporine, verapamil, quinidine (may increase plasma concentrations of rimegepant). Note: regular consumption of grapefruit / grapefruit juice may increase rimegepant levels and increase the risk of side effects.

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Additional information	• Training, support and advice available via specialist headache team: contact details • Treatment(s) for acute migraine which may include simple analgesia (e.g. ibuprofen or paracetamol) or a triptan can be continued but should be limited to twice weekly to avoid medication overuse headache. • Rimegepant can be taken as acute treatment if criteria are met (see NICE TA 919). Patient should be advised that it is a maximum dose of 75 mg in 24 hours, therefore, not to take rimegepant for acute treatment on any day it is taken for prevention (note: reduced dose for interacting drugs) • Supporting information: SY ICB Neurology Migraine Management, Clinician factsheet rimegepant for acute treatment supporting information and PIL
When to refer	• Refer back to headache clinic for review of migraine if a patient stops taking rimegepant for preventive treatment, 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 – 'Rimegepant migraine treatment – Information for patients' at the start of treatment. • The headache service can be emailed by either a patient prescribed rimegepant for episodic migraine or by clinicians.
Ordering information	• First 12 weeks of rimegepant 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
- Rimegepant (Vydura®) Summary of product Characteristics. https://www.medicines.org.uk/emc/product/13928/smpc.
- Rimegepant for preventing migraine Technology appraisal guidance. TA906 Published: 05 July 2023.
- Rimegepant for treating migraine Technology appraisal guidance. TA919. Published 18 October 2023.
- 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 rimegepant 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.