



Background

This guidance is applicable to patients who already have a migraine diagnosis.

- Rimegepant and Atogepant are calcitonin gene-related peptide inhibitors (CGRP) antagonists that are indicated for migraine preventive treatment. They are also referred to as “gepants”.
- Rimegepant is NICE approved ([TA906](#)) for patients with 4-14 migraine days per month.

Do not use Rimegepant for patients with 15 or more migraine days per month

- Atogepant is NICE approved ([TA973](#)) for those with > 4 migraine days per month, both only if at least 3 preventive medicines have not worked/not tolerated/unsuitable.

Both drugs are **amber** in the [BSW formulary](#) and can be initiated by a GP upon written advice from a consultant. BSW local migraine guidelines can be found here:

<https://bswtogether.org.uk/medicines/documents/bsw-chronic-migraine-pathway-for-adults/>

Options to try *before* prescribing Rimegepant or Atogepant

We recommend that the 3 preventive medicines are tried from different classes of drugs and at the maximum tolerated dose for at least an 8-week trial ([NATIONAL Headache Management SYSTEM FOR Adults 2019](#))

Betablockers	Propranolol	20mg BD increasing to 80mg BD - TDS
	Atenolol (off-label)	25mg OD increasing to 100mg BD
Tricyclic	Amitriptyline Nortriptyline* (off-label). <i>*Do not use 50mg tablets which are expensive.</i>	10mg increasing to 1mg/kg body weight
Anticonvulsants	Topiramate	25mg OD increasing to 100mg BD (not for women of child-bearing potential, specialist initiation required)
ARB Inhibitor	Candesartan (off-label)	2mg OD increasing up to 8mg BD

Riboflavin 400mg is also an option recommended by NICE for prophylaxis of migraine (**self-purchase only from reputable health food shops**).

Opioids (including codeine) **should not be used** for treatment of headache (in line with NICE)

Patients should keep a migraine diary noting the number of headache and migraine days/ month for 3 months before starting treatment to establish baseline migraine frequency and for the duration of the treatment trial. Instead of a paper diary, [HeadApp](#) can be suggested to patients which usually increases compliance of the recording.

Rimegepant [SPC](#) or Atogepant [SPC](#)

Side Effects and Cautions (see [SPCs](#) for full details)

The most common side effect is constipation, more common with Atogepant than Rimegepant. Both Atogepant and Rimegepant are well tolerated, no special monitoring is needed, but the long-term cardiovascular safety is not established. Atogepant may increase blood pressure in approx. 2% of patients. Caution should be used prescribing for people with uncontrolled hypertension, or recent cardiac or

Information for GPs starting Rimegepant ▼ and Atogepant ▼ for Migraine Prevention



Bath and North East Somerset,
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cerebrovascular ischaemia. Both gepants are black triangle ▼, all side effects must be reported via the yellow card scheme <https://yellowcard.mhra.gov.uk/>

Pregnancy & breastfeeding (see SPCs for full details)

Safety in pregnancy and breastfeeding is not known, Atogepant and Rimegepant are not recommended for use during pregnancy.

The developmental and health benefits of breast-feeding should be considered along with the mother's clinical need for treatment and any potential adverse effects on the breastfed infant from Atogepant or Rimegepant or from the underlying maternal condition.

Dosing and review at 12 weeks

Atogepant is prescribed as 60 mg once daily (reduce dose to 10 mg once daily in renal impairment with CrCl<30 ml/min or with concurrent use of potent CYP3A4 inhibitors, Organic Anion Transporting Polypeptide (OATP) inhibitors such as ciclosporin, rifampicin) and Rimegepant 75mg orodispersible is taken on alternate days.

- If after 12 weeks the patient migraine diaries document at least 50% reduction in migraine days (for episodic migraine (<15 d/month baseline)) or at least 30% for chronic migraine, treatment can be continued in accordance with NICE guidelines.
- If treatment is successful then continue until migraines have been controlled for at least 12 months before a trial off treatment, continuing treatment if migraine relapses off treatment.
- If patients do not respond adequately then refer to neurology via Cinapsis to consider other secondary care options (RED) e.g. Anti-CGRP mabs or Botox.

This guidance is not exhaustive; refer to the manufacturer's literature for full prescribing information.

Note:

Rimegepant can also be used for acute migraine treatment (NICE TA919) see local BSW guidance [here](#). It's unknown whether it's safe to take when a patient is also on Atogepant for migraine prevention, but there are studies which demonstrated that the combination of Ubrogepant (not available in the UK) & Atogepant was safe¹.

Checklist for suitability of gepants (prior to referral)

Failed at least 3 previous preventive treatments?	
Migraine diary showing average of > 4 migraine days/month over 3 months	
Not pregnant/breastfeeding	
No uncontrolled hypertension /cardiovascular event within the last 6 months	

Cost (Drug Tariff May 26)

Atogepant: 10mg or 60mg tablets x28 £182.16. **Annual cost:** £2376.15

Rimegepant: 75mg oral lyophilisates sugar free x2 £25.80, x 8 £103.20, x 16 £ £206.40. **Annual cost:** £2360-68.

Given the cost of the tablets, it is advised to issue the first 4- 8 weeks on acute prescriptions before moving to repeat prescriptions.



Reference:

- 1.) Ailani J, Lipton RB, Blumenfeld AM, Mechtler L, Klein BC, He MY, Smith JH, Trugman JM, de Abreu Ferreira R, Brand-Schieber E. [Safety and tolerability of ubrogepant for the acute treatment of migraine in participants taking atogepant for the preventive treatment of episodic migraine: Results from the TANDEM study - PMC](#) Headache. 2025 Jun;65(6):1005-1014. doi: 10.1111/head.14871. Epub 2024 Nov 21. PMID: 39569702; PMCID: PMC12129246.

Written by (Author Name, Organisation & Role):	Dr N Giffin, Clinical Lead for Neurology, RUH
Contributors:	Dr Rachel Hobson, Lead clinical effectiveness pharmacist Dr Stephan Hinze, Consultant Neurologist GWH Dr Joanna Lovett, Consultant Neurologist, SFT Olga Tanda, Advanced Neurology Pharmacist, GWH
Date original produced:	April 2026
Date Approved by BSW:	May 2026
Review Date:	May 2027
Document Version:	V1