NHS
Kent and Medway

Rimegepant Prescribing Guideline for Primary Care

Document history:

Version	Date	Main Changes/ Comments
1	12th February 2024	Developed following request by Kent and Medway Integrated Medicines Optimisation Committee (IMOC)
1.1	23rd April 2024	Amendment to prescribing section
1.1	20th June 2024	Approved by IMOC

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High Cost Drugs

Rimegepant April 2024

Rimegepant (Vydura®) – For acute treatment of migraine with or without aura in adults

The NICE Technology appraisal 919, Rimegepant for treating migraine states:

1.1 Rimegepant is recommended 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.

1.2 This recommendation is not intended to affect treatment with rimegepant that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangement in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

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Prescribing

Definition of effective treatment and Triptan resistance

European Headache Federation (EHF) consensus on the definition of effective treatment of a migraine attack by a triptan is adequate symptom relief in 3 out of 4 headaches. Triptan resistance as inadequate symptom relief after trials of at least two triptans, and triptan refractory is inadequate symptom relief after trials of at least three triptans. Ensure compliance to triptan(s) is checked prior to establishing treatment is ineffective.

Rimegepant

Rimegepant (Vydura®) is indicated for the acute treatment of migraine with or without aura in adults. NHS Kent and Medway have produced this guidance to support with the implementation and prescribing of rimegepant for the treatment of acute migraines. Locally, this treatment will be used in patients who have a confirmed diagnosis of episodic migraine with an acute exacerbation of migraine symptoms.

Initiation

The recommended starting dose is 75 mg, as needed once daily.
Acute treatment should be limited to 8 days per month (on average 2 days per week) to prevent the development of Medication Overuse Headache.

Continuation

Patients should be instructed to administered no more than ONE dose (75mg) in 24 hours. Additionally, consider discontinuation if the patient experiences adverse effects.

Monitoring

Patients should be reviewed for efficacy and tolerability before being prescribed a second pack of rimegepant tablets. Patients should have a follow up after three attacks within one year to evaluate treatment response. If rimegepant does not provide sufficient benefit, consider reverting to triptan therapy or referring to the specialist.

Discontinuation: It is crucial to monitor patients closely for any adverse effects or changes in migraine frequency or severity during treatment. Discontinue treatment if severe adverse effects occur or if the patient's condition worsens.

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Safety Section:

Before prescribing rimegepant, it is essential to ensure patient safety by:

- Confirming the diagnosis of migraine and ruling out other potential underlying conditions, such as brain tumors or other neurological issues, especially in patients with severe or atypical symptoms. A comprehensive medical history should be obtained, including any previous treatments for migraine and any contraindications or intolerances to other migraine medications (including unwanted effects prompting consideration of alternative treatments).

- Educating patients about the proper use of rimegepant, including dosage, administration, potential side effects, and when to seek medical attention. Patients should be advised to report any new or worsening symptoms promptly.

- Monitoring patients closely for any adverse effects or changes in migraine frequency or severity during treatment. Regular follow-up appointments should be scheduled to assess treatment response and adjust therapy as needed.

Additional Considerations:

- Rimegepant is recommended for use in adults who have already been diagnosed with migraine and have failed previous treatments. It is not intended for new patients or those who have not yet received a confirmed episodic migraine diagnosis.
- Healthcare providers initiating rimegepant treatment should have the necessary knowledge and training to prescribe and monitor its use safely. Referral to specialist clinics may be appropriate for patients requiring additional assessment or management.

Conclusion:

Rimegepant offers a valuable treatment option for adults with acute migraine attacks who have not responded adequately to other therapies. By following established prescribing guidelines and prioritising patient safety, healthcare providers can effectively integrate rimegepant into migraine management strategies, improving outcomes for patients.

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For additional information please see the Summary of Product Characteristics
https://www.medicines.org.uk/emc//product/13928/smpc#gref

References

1. Summary of Product Characteristics Vydura®, Pfizer UK. Updated 07/2023 https://www.medicines.org.uk/emc/product/13012/smpc
2. NICE Technology appraisal guidance [TA919] Rimegepant for treating migraine

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