

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Atogepant for treating migraine [ID6615]

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of atogepant within its marketing authorisation for treating migraine

Background

Migraine is primarily a headache disorder manifesting as recurring attacks usually lasting between 4 and 72 hours involving throbbing head pain of moderate to severe intensity. It is often accompanied by nausea, sometimes vomiting, sensitivity to light, sensitivity to sounds, and/or other sensory stimuli. Migraine can have significant impacts on quality of life and ability to carry out normal activities. Some people can have warning symptoms called an aura, before the start of a headache.

In the UK, it is estimated that 1 in 5 people, or 14%, live with migraine.¹ It is estimated that there are 190,000 migraine attacks experienced every day in England. Prevalence has been reported to be 5 to 25% in women and 2 to 10% in men.² Migraine is the second highest cause of global disability in the general population but first in females aged between 15 to 49 years.³

Treatments for acute migraine attacks include analgesics, triptans and anti-emetics. [NICE clinical guideline 150](#) and the [NICE pathway on the management of migraine](#) (with or without aura) recommend an oral triptan with either a nonsteroidal anti-inflammatory drug (NSAID) or paracetamol, taking into account patient preferences, comorbidities and the risk of adverse events. For people who prefer to take only one drug, monotherapy with an oral triptan, NSAID, high dose aspirin or paracetamol should be considered. Anti-emetics should be considered in addition to other acute migraine treatment even in the absence of nausea and vomiting. Some people are unable to have triptans because they are ineffective or not well tolerated.

[NICE technology appraisal 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 NSAIDs and paracetamol were tried but did not work well enough.

The technology

Atogepant (Aquia, AbbVie) does not currently have a marketing authorisation in the UK for treatment of migraine. It has been studied in randomised placebo-controlled clinical trials as a treatment for migraine in adults who have a history of migraine onset before 50 years.

Atogepant has a marketing authorisation in the UK for the prophylaxis of migraine in adults who have at least 4 migraine days per month.

Intervention(s)	Atogepant
Population(s)	Adults with migraine (with or without aura)
Subgroups	<p>If the evidence allows, the following subgroups will be considered:</p> <ul style="list-style-type: none"> • subgroups defined by migraine severity • people currently having treatment for the prevention of migraine • people for whom triptans do not work well enough, are contraindicated or not tolerated • subgroups defined by the number of previous treatments • people with or who are at risk of medication overuse and developing associated symptoms including medication overuse headache • subgroups defined by severity or number of headache days per month
Comparators	<ul style="list-style-type: none"> • Rimegepant • Paracetamol, with or without an anti-emetic • An NSAID (such as aspirin, ibuprofen, diclofenac or naproxen), with or without an anti-emetic • An oral or non-oral triptan (such as sumatriptan, zolmitriptan, rizatriptan, almotriptan or eletriptan), with or without an anti-emetic • Paracetamol with an oral or non-oral triptan, with or without an anti-emetic • An NSAID with a triptan, with or without an anti-emetic • Best supportive care

Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • reduction in headache pain (including freedom from pain) • speed of onset • freedom from most bothersome symptom • reduction in nausea and vomiting • reduction in hypersensitivity (e.g. light, sound, smell) • regain of normal functioning • prevention of recurrence • use of rescue medication • adverse effects of treatment • health-related quality of life.
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>As the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out.</p> <p>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</p>
Other considerations	<p>Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.</p>
Related NICE recommendations	<p>Related Technology Appraisals:</p> <p>‘Rimegepant for treating migraine’ (2023). NICE technology appraisal TA919.</p> <p>‘Atogepant for preventing migraine’ (2024) NICE technology appraisal TA973</p> <p>Related Guidelines:</p>

	<p>'Headaches in over 12s: diagnosis and management' (2012). NICE guideline CG150. Updated 2015. Reviewed 2016.</p> <p>Related Interventional Procedures:</p> <p>'Transcranial magnetic stimulation for treating and preventing migraine' (2014). NICE interventional procedures guidance 477.</p> <p>'Transcutaneous stimulation of the cervical branch of the vagus nerve for cluster headache and migraine' (2016). NICE interventional procedures guidance 552.</p> <p>'Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine' (2022). NICE interventional procedures guidance 740</p> <p>Related Quality Standards:</p> <p>'Headaches in over 12s' (2013). NICE quality standard 42.</p>
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References

1. The Migraine Trust (2021) 'The State of the Migraine Nation, Who is living with migraine in the UK? Rapid research review'. Available at: <https://migrainetrust.org/wp-content/uploads/2021/08/State-of-theMigraine-Nation-population-rapid-review.pdf>
2. Steiner TJ et al. The prevalence and disability burden of adult migraine in England and their relationships to age, gender and ethnicity. *Cephalgia*. 2003;23(7):519-527.
3. Steiner, T.J., Stovner, L.J., Jensen, R. et al. Migraine remains second among the world's causes of disability, and first among young women: findings from GBD2019. *Headache Pain* 21, 137 (2020)