NICE National Institute for Health and Care Excellence

NICE guidance

Atogepant for treating migraine

Technology appraisal guidance
Published: 30 June 2026

www.nice.org.uk/guidance/ta1172

Your responsibility

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this guidance is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to provide the funding required to enable the guidance to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

1 Recommendations

1.1 Atogepant can be used 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 Use the least expensive option of the suitable treatments (including atogepant and rimegepant), having discussed the advantages and disadvantages of the available treatments with the person with the condition. Take account of administration costs, dosages, price per dose and commercial arrangements.

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

What this means in practice

Atogepant must be funded in the NHS in England for the condition and population in the recommendations, if it is considered the most suitable treatment option. Atogepant must be funded in England within 30 days of final publication of this guidance.

There is enough evidence to show that atogepant provides benefits and value for money, so it can be used routinely across the NHS in this population.

NICE has produced tools and resources to support the implementation of this guidance.

Why these recommendations were made

Rimegepant is the usual acute treatment for migraine after at least 2 triptans have not worked well enough, or if people cannot have triptans, and NSAIDs and paracetamol do not work well enough.

Clinical trial evidence shows that atogepant is more effective than placebo. It has not been directly compared in a clinical trial with rimegepant. Evidence from an indirect comparison suggests that the levels of pain reduction at 2 hours are similar with atogepant and rimegepant. But these results are uncertain. This means that it is unclear from these results alone whether atogepant works the same as, or better or less well than, rimegepant. But, because the way the medicines work and are administered are similar, it is likely that their clinical effectiveness is similar. Clinical expert feedback supports this and states that they would be used at the same place in the treatment pathway.

A cost comparison suggests that the costs for atogepant are similar to or lower than those for rimegepant. So, atogepant can be used.

For all evidence, see the committee papers. For more information on NICE's evaluation of rimegepant, see the committee discussion section in NICE's technology appraisal guidance on rimegepant for treating migraine.

2 Information about atogepant

Marketing authorisation indication

2.1 Atogepant (Aquipta, Abbvie) is indicated for the 'acute treatment of migraine with or without aura in adults'.

2.2 Atogepant is also indicated for the 'prophylaxis of migraine in adults who have at least 4 migraine days per month'. This is covered in NICE's technology appraisal guidance on atogepant for preventing migraine.

Dosage in the marketing authorisation

2.3 The dosage schedule is available in the summary of product characteristics for atogepant.

Price

2.4 The list price of atogepant 60 mg is £25.78 for a 2 tablet pack and £90.23 for a 7 tablet pack (excluding VAT, from the company submission). The list price of atogepant 28 x 60 mg tablets is £182.16 (excluding VAT; BNF online, accessed May 2026).

2.5 Costs may vary in different settings because of negotiated procurement discounts.

Sustainability

2.6 For information, the Carbon Reduction Plan for UK carbon emissions is published on AbbVie's policy webpage.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication. Because atogepant has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 60 days of the first publication of the final draft guidance.

3.3 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has migraine and the healthcare professional responsible for their care thinks that atogepant is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered as a cost-comparison evaluation by the lead team of committee D, which includes the chair and vice chair.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair and vice chair

Megan John
Chair, technology appraisal committee D

Vageesh Jain
Vice chair, technology appraisal committee D

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, a project manager, and an associate director or principal technical adviser.

Anuja Chatterjee
Technical lead

Alexandra Filby
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Kate Moore

Project manager

Elizabeth Bell
Principal technical adviser

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