



# Resource impact statement

Resource impact

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[NICE has recommended rimegepant](#) as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked.

Stop rimegepant after 12 weeks of treatment if the frequency of migraine does not reduce by at least 50%.

If people with the condition and their clinicians consider rimegepant to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements.

These recommendations are not intended to affect treatment with rimegepant that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

We expect the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6m people).

This is because rimegepant is a further treatment option. Uptake of rimegepant would displace other calcitonin gene-related peptide (CGRP) receptor antagonists, and the overall cost of treatment for this patient group will be similar.

Rimegepant is an oral tablet which may be preferable when compared with other CGRP receptor antagonists which are administered by subcutaneous injection or intravenous infusion. There are likely to be resource benefits for the NHS because no training is required to administer the treatment and injection site reactions would be avoided. As there are no commercial arrangements in place for rimegepant, the medicine can be procured and dispensed in both primary and secondary care and reimbursed at the Drug Tariff price.

A [resource impact template](#) is provided for completion at a local level. This is because there are four other CGRP receptor antagonists recommended by NICE for migraine. These are eptinezumab ([TA871](#)) fremanezumab ([TA764](#)) erenumab ([TA682](#)) and galcanezumab ([TA659](#)). These have discounts that are commercial in confidence. The price of each option can be input into the template to assess the resource impact. The price for rimegepant is included in the template because it does not have a confidential commercial arrangement; the Drug Tariff price is applicable across all healthcare settings.

To improve usability, the template has been simplified using average treatment durations for each treatment option, which can be amended locally. This is possible because CGRP receptor antagonists have been in use for some time (since 2020), therefore the number of people with migraine who are starting, stopping and continuing treatment can be assumed to have reached a steady state each year. The resource impact template covers all treatment options and updates and replaces the previous NICE resource impact templates that were published for these topics.

Rimegepant is commissioned by integrated care boards. Providers are NHS hospital trusts or primary care practitioners, possibly with specialist involvement through shared care agreements or advice and guidance (please see [primary care approach section in the guidance](#)). In NHS hospital trusts, the payment mechanism is determined by the responsible commissioner and depends on the technology being classified as high cost. In primary care, rimegepant can be procured by community pharmacies and reimbursed at the Drug Tariff price. Pricing of rimegepant does not differ across healthcare settings. Please see the table below for the commissioners, providers and prescribing setting of each treatment.

Treatment	Commissioner	Provider	Prescribing setting
Rimegepant (oral tablet)	ICBs	NHS hospital trusts - neurology or Primary care GP services*	Primary care – GP or Secondary care acute hospital trusts (headache clinic)
Eptinezumab (IV infusions)	ICBs	NHS Hospital trusts - neurology	Secondary care acute hospital trusts (headache clinic)
Fremanezumab (subcutaneous injection pre-filled pen)	ICBs	NHS Hospital trusts - neurology (homecare services)	Secondary care acute hospital trusts (headache clinic)
Erenumab (subcutaneous injection pre-filled pen)	ICBs	NHS Hospital trusts – neurology (homecare services)	Secondary care – acute hospital trusts (headache clinic)
Galcanezumab (subcutaneous injection pre-filled pen)	ICBs	NHS Hospital trusts – neurology (homecare services)	Secondary care – acute hospital trusts (headache clinic)

\*The committee concluded that rimegepant could eventually be used in primary care. But it recognised that specialist referral and treatment management would likely be needed before rimegepant could be used in primary care.