



Resource impact statement

Resource impact

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[NICE has recommended 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 nonsteroidal anti-inflammatory drugs (NSAIDs) and paracetamol were tried but did not work well enough.

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 was arrived at using the following assumptions.

Table 1 Assumptions of population and market share

Population assumptions	%	Number of people
Adults 2023/24 (see footnote 1)	-	44,456,850
Prevalence of migraine (see footnote 2)	11.4	5,068,100
People diagnosed and treated at least once with migraine treatments (see footnote 3)	-	270,200
People whose migraine has failed 2 triptans (see footnote 3)	4.8	13,000
Estimated market share based on clinical expert (neurology) opinion. The resource impact for this market share is less than £5m (see footnotes 4 and 5)	19	2,500
Estimated market share for high resource impact scenario Estimated market share for resource impact to be greater than £5m (footnote 5)	73	9,500

Sources:

Footnote 1: Office for National Statistics, see population data below. Population uplifted from baseline 2020 population.

Footnote 2: The Prevalence and Disability Burden of Adult Migraine in England and their Relationships to Age, Gender and Ethnicity - TJ Steiner, AI Scher, WF Stewart, K Kolodner, J Liberman, RB Lipton, 2003 (sagepub.com). The estimate of 11.4% is based on tables 2a & 2b after applying the relevant prevalence rates by age to the England population and adjusting for people aged 18 and over.

Footnote 3: Derived figure based on primary care electronic healthcare record (EHR) data through the Clinical Practice Research Datalink Aurum database, Jan 2017 to March 2022

Footnote 4: This estimate is based on clinical experts in neurology. Other variables such as no response to treatment (around 50% overall in Calcitonin Gene-related Peptide (CGRP) treatments) and discontinuation due to adverse effects would further reduce the number of people on treatment and cost.

Footnote 5: This assumes 3.5 migraine episodes per month (one tablet for each episode) which is 42 tablets per year at an annual cost of £542 (assuming rimegepant is prescribed in primary care which does not attract VAT). If people have 4 or more migraines per month this would be treated as episodic migraine, if people have 8 or more migraines per month this would be treated as chronic migraine. People who have episodic or chronic migraine may be eligible for one of the preventative CGRP treatments.

Rimegepant is a further treatment option for acute treatment of migraine and is for use after other options have been tried or are contraindicated or not tolerated.

[Rimegepant for preventing migraine \(TA906\)](#) recommends 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. In the preventing migraine setting, rimegepant and other treatments (such as [galcanezumab \[TA659\]](#), [erenumab \[TA682\]](#) and [fremanezumab \[TA764\]](#)) are also recommended. In clinical practice, where a person is having migraines sufficiently often to benefit from a preventative effect, there is a reasonable likelihood that they will be having 1 of the approved preventative treatments which have the same mechanism of action to rimegepant for preventing migraine. Given there is current use of rimegepant and its position in the pathway, it is not anticipated there will be a significant resource impact as a result of this guidance.

The proposed price of rimegepant is £103.20 per 8-pack of 75 mg tablets (excluding VAT).

This technology is commissioned by integrated care boards. Providers are NHS hospital trusts or primary care practitioners.

In NHS hospital trusts the payment mechanism for the technology 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.