

# Notes for GPs prescribing Atogepant

## Background

**Atogepant** is an oral CGRP blocker and part of the Gepant group of drugs. CGRP is an important transmitter involved in the migraine mechanism.

The drug has few side effects and drug interactions. Side effects are less than current preventer drugs used in primary care. It costs around £180 a month.

## Clinical management

- Atogepant 60mg tablet once a day taken in the evening:
  - Who have **at least 4 migraine days per month**
  - When **3 preventive medicines have failed** to control migraine or have not been tolerated or contraindicated.
- Acute treatment with Aspirin, NSAIDs, Triptans and Rimegepant (Max 8/month) can be used with Atogepant.
- Review at three months and continue if the frequency of migraine days has reduced by:
  - At least 50% in episodic migraine (defined as fewer than 15 headache days per month).
  - At least 30% in chronic migraine (defined as 15 or more headache days per month, with at least 8 of those having features of migraine).
  - It is acceptable to continue therapy for a further three months if a person who experiences migraine feels that they have benefitted from Atogepant and have restored quality of life but have not achieved these criteria.
- It is good practise to review at one year and consider a trial without treatment. Migraine sits within a complex biopsychosocial context and after a year of good control, the drug may no longer be required. However, only 20% will manage without.
- Annual migraine review is also good practise.
- Routine blood monitoring is not required.

## Drug Interactions:

- If patient is prescribed a strong CYP3A4 inhibitor (e.g., clarithromycin, itraconazole) or a strong OATP inhibitor (e.g., rifampicin, atazanavir, ritonavir, tipranavir, ciclosporin, telmisartan) then the dose should be reduced to 10mg.
- Candesartan is a moderate OATP inhibitor and does not require dose reduction.
- For those where the strong CYP3A4 inhibitor or OATP inhibitor is prescribed for a short course of treatment then it is acceptable to temporarily stop Atogepant and re-start it when the treatment course has completed.

## Side-effects and prescribing cautions:

Atogepant is generally well tolerated. Side effects noted in the clinical trials were:

- Constipation (7%)
- Nausea (7%)
- Somnolence (5%)

As CGRP is a vasodilator and its effect may be blocked ensure any hypertension is controlled and check at three-month review. There are no other blood pressure monitoring requirements. Routine blood monitoring not required.

Atogepant should be avoided in severe hepatic impairment, and **dose reduction to 10mg is required in severe renal impairment (creatinine clearance <30mL/min)**. Baseline U&Es and LFTs should be considered if clinical concern. Routine monitoring is not required for patients with normal renal and liver function but is good practice at initiation with people over 65 or cardiovascular disease.

## Pregnancy and breastfeeding.

There is insufficient data to support prescribing in this group.

## Cardiovascular disease.

Insufficient evidence. Obtain specialist advice.

## Use in elderly.

Insufficient data. People up to the age of 80 were included in licensing trials, but numbers were small. Seek specialist advice.