



atogepant tablets (Aquipta®)

AbbVie Ltd

04 September 2026

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

atogepant (Aquipta®) is accepted for restricted use within NHSScotland.

Indication under review: acute treatment of migraine with or without aura in adults.

SMC restriction: patients who have had inadequate symptom relief after trials of at least two triptans, or in whom triptans are contraindicated or not tolerated; and have inadequate pain relief with non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol.

Atogepant offers an additional treatment choice in the therapeutic class of calcitonin gene-related peptide receptor antagonists.

Chair
Scottish Medicines Consortium

1. Clinical Context

1.1. Medicine background

Atogepant is an orally administered calcitonin gene-related peptide (CGRP) receptor antagonist. The recommended dose is 60 mg per day as needed. Refer to the Summary of Product Characteristics (SPC) for further information.¹

1.2. Relevant comparator(s)

Rimegepant is another CGRP receptor antagonist that has been accepted for restricted use by SMC (SMC2521), in patients who have had inadequate symptom relief after trials of at least two triptans or in whom triptans are contraindicated or not tolerated; and have inadequate pain relief with non-steroidal anti-inflammatory drugs and paracetamol.

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

There is no direct evidence comparing atogepant with rimegepant. The evidence to support the use of atogepant for this indication comes from a multicentre, randomised, double-blind, placebo-controlled, multiple attack, phase III ECLIPSE study.

The primary outcome for efficacy was pain freedom at two hours following treatment of the first attack. This was achieved by approximately 24.3 % (n=146/602) of patients receiving atogepant versus 13.1 % (n=80/612) for patients in the placebo group, a statistically significant improvement.²

The submitting company presented a Bayesian Network Meta-Analysis which compared atogepant using data from the ECLIPSE study with rimegepant, which included data from: Lipton 2019³; Marcus 2014⁴; Lipton 2024⁵; Yu 2023⁶; Croop 2019⁷; Ikeda 2025⁸; Ashina 2025⁹. The results suggested that atogepant is likely to have comparable efficacy to rimegepant.

3. Patient and Carer Involvement

SMC engaged with relevant Patient Group Partners inviting them to provide additional insights into the potential impact of this medicine on patients and carers. Information provided by The Migraine Trust was considered as part of the assessment process.

4. Company Estimate of Uptake and Budget Impact

4.1. Company's number of patients assumed to receive treatment

SMC is unable to publish the estimated patient numbers as the company considered that these were commercial in confidence.

4.2. Budget impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHSScotland.

References

1. AbbVie. atogepant tablets (Aquipta®) Summary of product characteristics. 2026 [updated 25 June 2026. Available from: <https://www.medicines.org.uk/emc/product/15049/smpc>.
2. AbbVie. Data on File. ECLIPSE CSR: October 2025. 2025.
3. Lipton RB, Croop R, Stock EG, Stock DA, Morris BA, Frost M, et al. Rimegepant, an Oral Calcitonin Gene–Related Peptide Receptor Antagonist, for Migraine. *The New England Journal of Medicine*. 2019;381:142–9.
4. Marcus R, Goadsby PJ, Dodick D, Stock D, Manos G, Fischer TZ. BMS-927711 for the acute treatment of migraine: A double-blind, randomized, placebo controlled, dose-ranging trial. *Cephalalgia*. 2014;34(2):114–25.
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6. Yu S, Kim B-K, Guo A, Kim M-H, Zhang M, Wang Z, et al. Safety and efficacy of rimegepant orally disintegrating tablet for the acute treatment of migraine in China and South Korea: a phase 3, double-blind, randomised, placebo-controlled trial. *Lancet*. 2023;22:476–84.
7. Croop R, Goadsby PJ, Stock DA, Conway CM, Forshaw M, Stock EG, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394:737–45.
8. Ikeda K, Matsumori Y, Kudo M, Ishikawa T, Hoshino Y, Yoshimatsu H, et al. Efficacy and safety of rimegepant for the acute treatment of migraine in Japan: A dose- ranging, double-blind, randomized controlled trial. *Headache*. 2025;65:1811–20.
9. Ashina M, McAllister P, Gaul C, Leyva-Rendon A, Ramirez LM, Nalpas C, et al. Rimegepant for acute treatment of migraine in triptan-unsuitable adults: A randomized, double-blind, placebo-controlled phase 4 trial. *Cephalalgia*. 2025;45(11).

This assessment is based on data submitted by the applicant company up to and including **31 July 2026**

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC includes Scottish national contract prices in its decision-making. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document.

Patient Access Schemes (PAS): A PAS is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. The Patient Access Scheme Assessment Group (PASAG), established under the auspices of Public Services Delivery Scotland, reviews and advises NHS Scotland on the feasibility and acceptability on implementing proposed schemes. PASAG operates separately from SMC to maintain the integrity and independence of the assessment

process of the SMC. When SMC accepts a medicine for use in NHS Scotland on the basis of a PAS that has been considered acceptable for implementation by PASAG, a set of guidance notes on the operation of the scheme will be circulated to health boards' Area Drugs and Therapeutics Committees prior to publication of SMC advice.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after careful consideration and evaluation of the available evidence. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.