

Nurtec® (rimegepant) in real-world clinical practice

Consistency of response, difficult-to-treat patients and treatment persistence: findings from HeAD-US, CONFIDENCE, GAINER, AAN 2025 congress materials and a persistence analysis

4+

real-world studies

1570

patients in HeAD-US

2169

attacks in CONFIDENCE

80.4%

pain freedom at 2 h with early intake (GAINER)

BACKGROUND

Why real-world evidence matters

Randomised trials established the efficacy of rimegepant for the acute treatment of migraine, yet several questions that matter in the clinic fall outside the design of an [RCT](#).

Will it work again?

Consistency of response from attack to attack → CONFIDENCE

What about difficult patients?

Chronic migraine, failed preventives, poor triptan response → GAINER

What if the dose is late?

Effect with «imperfect» timing of intake → GAINER

Will patients stay on therapy?

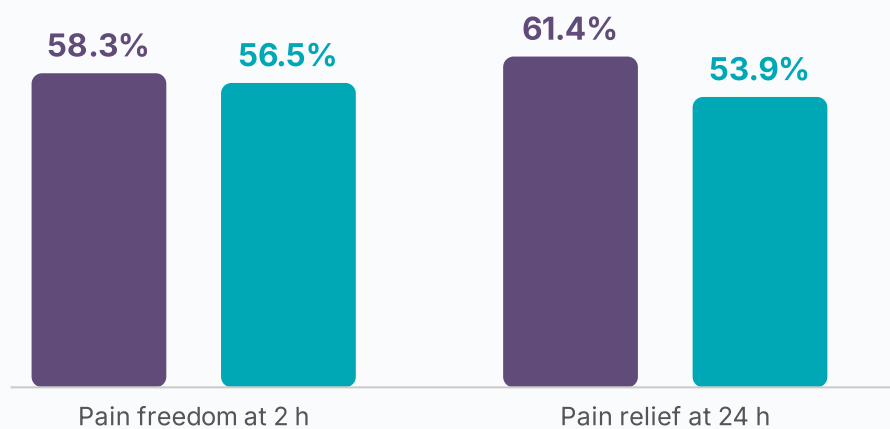
12-month persistence → US claims analysis

CROSS-SECTIONAL STUDY · US

HeAD-US: gepants and triptans head-to-head

Digital platform Migraine Buddy, 1570 patients on monotherapy: triptans (n=1003) or gepants (n=567). The gepant group was «sicker» at baseline — more chronic migraine (38% vs 28%) and more preventive use (82% vs 71%) — the typical real-world pattern of gepants prescribed after triptan failure.

■ Gepants (n=567) ■ Triptans (n=1003)



Adjusted predicted response probabilities, % (marginal standardisation; adjusted for age, sex, severity, headache frequency, preventive use, etc.)

aOR 1.04

pain freedom at 2 h — comparable between classes

95% CI 0.84–1.30

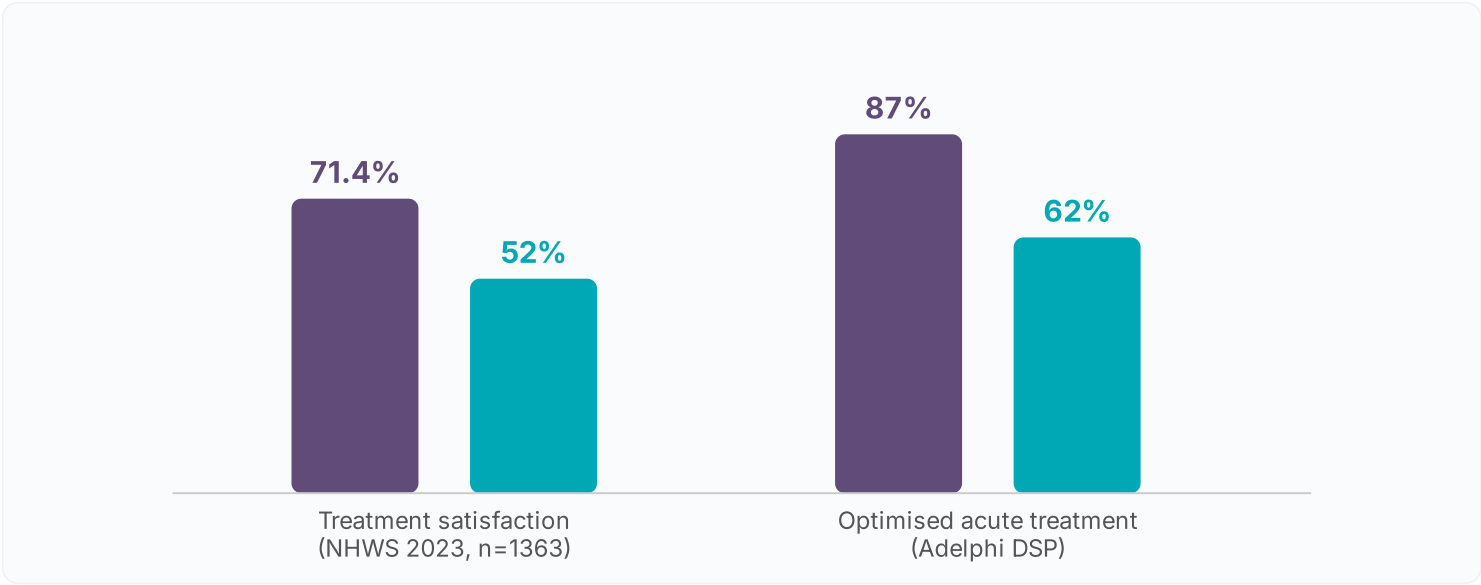
aOR 1.36

pain relief at 24 h — advantage of gepants

95% CI 1.09–1.71

AAN 2025: satisfaction and treatment optimisation

Rimegepant Triptans

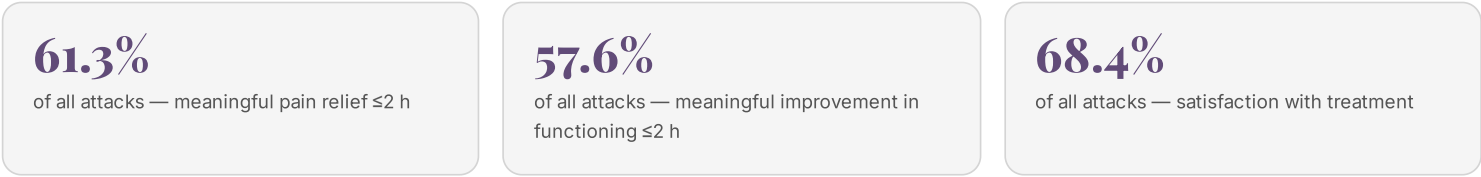


NHWS: p<0.001. Adelphi DSP (US, 2022): optimised acute treatment per mTOQ-6.

PROSPECTIVE OBSERVATIONAL STUDY · US

CONFIDENCE: «Will it work again?» — consistency of response

2169 attacks in 416 patients, 28 days of daily e-diaries (median 7 attacks per patient). A complex population: 84% on preventives (34% anti-CGRP mAbs and 34% botulinum toxin), 89% had previously discontinued at least one triptan.



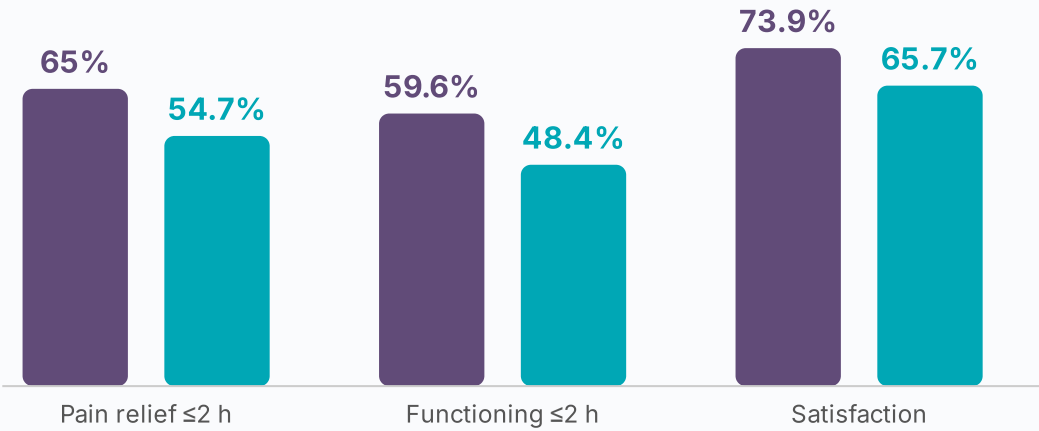
Outcomes hold steady from attack to attack



% of attacks achieving the outcome; attacks 1-4 (n=416/389/348/289).

Within-patient consistency

■ ≥2 of first 3 attacks (n=349) ■ ≥3 of first 4 attacks (n=289)



About 2 in 3 patients had meaningful pain relief in ≥2 of their first 3 attacks; 74% were satisfied with treatment in ≥2 of 3 attacks. A predictable result simplifies treatment selection and supports adherence.

PROSPECTIVE MULTICENTRE STUDY · ITALY

GAINER: difficult-to-treat patients of headache centres

16 headache centres

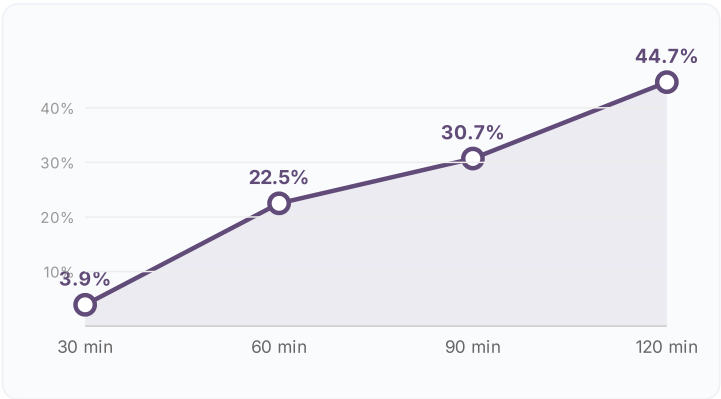
n=103

CM — 24% of the sample

mean 2.7 failed preventive classes

57% had absent or poor triptan response

The first real-world data on rimegepant in chronic migraine (44% of CM patients had medication overuse). Pain freedom at 2 hours was achieved by 44.7% — higher than in RCTs (19–21%), reflecting the open-label design and the population; pain relief by 70.9%.



Share of patients pain-free after rimegepant 75 mg ODT

80.4% of patients achieved complete headache freedom at 2 hours when rimegepant was taken within the first 60 minutes of attack onset (p=0.032)

64.1% pain-free at 24 h without rescue

19.4% needed rescue medication

The effect was independent of prior triptan response (p=0.816) and baseline attack severity (p=0.316).

The patient voice

7.1/10 global treatment satisfaction

85.4% rated tolerability good/excellent

15.5% adverse events — all mild and self-limiting

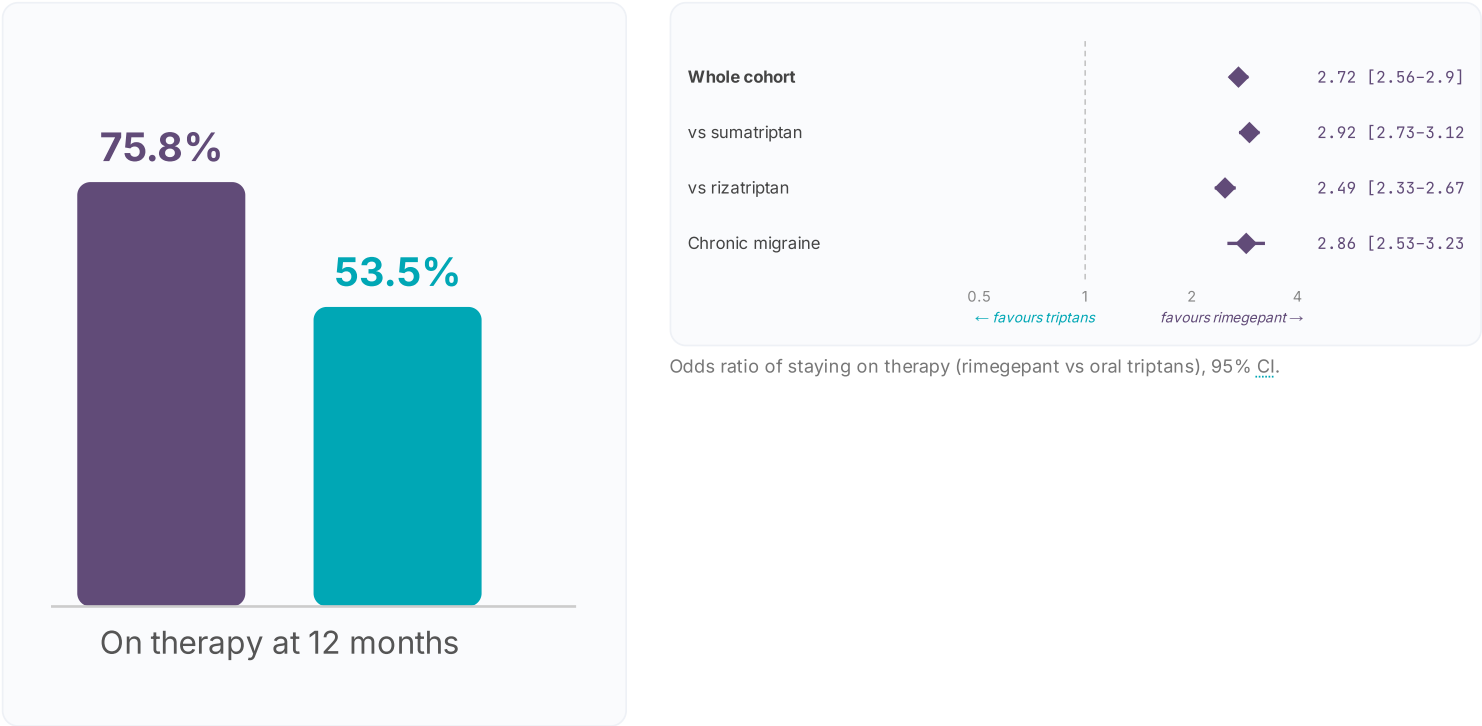
48.3%24.1%27.6%

Comparison with prior triptan experience (patient-rated, n=87): better / comparable / worse.

RETROSPECTIVE CLAIMS ANALYSIS · US

Persistence: satisfaction converts into behaviour

MarketScan 2019–2023, PSM-matched cohorts of 9909 patients each. Persistence — ≥1 repeat dispensing within 12 months.

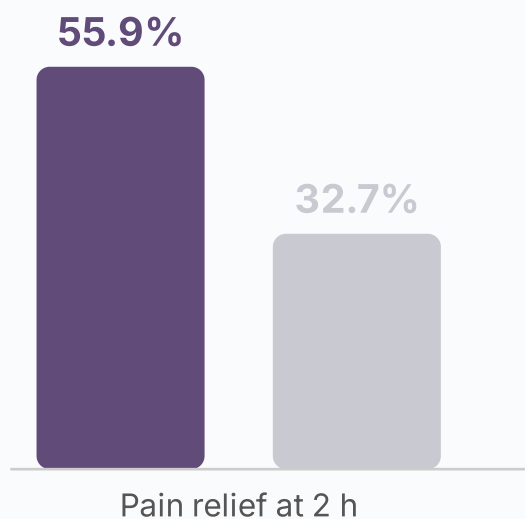


The odds of staying on rimegepant were 2.7-fold higher than on oral triptans (OR 2.72; 95% CI 2.56–2.90); the result was consistent across all subgroups, including chronic migraine.

RANDOMISED CONFIRMATION

When triptans are unsuitable: the phase 4 RCT

- n=585
- failure of ≥2 triptans — 84.9%
- intolerance — 30.5%
- contraindications — 9.1%



Difference 23.2% (95% CI 15.3–31.1); $p < 0.0001$. All 10 key secondary endpoints met. Placebo-level tolerability: AE 12.5% vs 12.1%.

SUMMARY

What the real-world data show

- ✓ **High treatment satisfaction** — 68–74% in CONFIDENCE; 71% vs 52% on triptans (NHWS); 7.1/10 in GAINER
- ✓ **Consistent response from attack to attack** — steady outcomes across attacks 1–4; 65% had relief in ≥ 2 of 3 attacks (CONFIDENCE)
- ✓ **Recovery of functioning** — functioning improved ≤ 2 h in 58% of attacks (CONFIDENCE); full recovery in 48% (GAINER)
- ✓ **Sustained effect to 24 h** — gepant advantage in 24-h relief: aOR 1.36 (HeAD-US); 64% pain-free at 24 h without rescue (GAINER)
- ✓ **Value in patients with inadequate triptan response** — 87% vs 62% — optimised treatment (Adelphi DSP); effect independent of prior triptan response (GAINER)

Real-world evidence complements the RCTs: a consistent, predictable response, clinically meaningful results in difficult-to-treat patients and with late dosing, high satisfaction and greater treatment persistence. The findings point to potential advantages of rimegepant in clinical practice.

LIMITATIONS

Methodological notes

▼ HeAD-US

Class-level comparison (gepants vs triptans), no per-molecule breakdown; cross-sectional self-report; likely channelling of «sicker» patients to gepants. The significant advantage was for 24-h relief only.

▼ AAN 2025

Congress abstracts (Adelphi DSP, NHWS): descriptive analyses without full publications; wording — «patients reported higher satisfaction», no claims of superior efficacy.

▼ CONFIDENCE

No comparator arm; experienced rimegepant users (responder selection likely); tolerability not systematically collected; descriptive statistics.

▼ GAINER

n=103, no placebo control; the drug was not reimbursed — possible selection of difficult-to-treat headache-centre patients; the triptan comparison is a retrospective patient rating.

LITERATURE

References

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6. Ashina M, McAllister P, Gaul 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). doi:10.1177/03331024251395298

Prepared for informational purposes from published data; full study limitations are given under «Methodological notes».