

## Acute trial of rimegepant for treatment of migraine -

## Patient questionnaire

## To be completed and returned to help assess whether or not rimegepant is an effective treatment for you

You have been prescribed 4 tablets of rimegepant to treat your next 4 migraine attacks.

Please take one 75mg rimegepant early into the onset of your migraine.

This can be taken with painkillers (either ibuprofen or naproxen or aspirin or paracetamol), together with an anti-sickness tablet from the start.

The tablet is a wafer or oro-dispersible tablet and should just be placed on or under the tongue and allowed to dissolve. You do not need water to take this tablet.

You must only use one 75mg tablet per attack.

At the end of each attack please respond to the questions below and bring this with you to your treatment evaluation appointment. This is important as it will help in the decision as to whether rimegepant is a good treatment for you and whether or not it is continued.

## Please complete

1. Respond to this statement after each attack by circling the appropriate answer:

When taking rimegepant at the start of	Attack number:			
an attack	1	2	3	4
I took additional painkillers and/or anti- sickness tablets	Yes / No	Yes / No	Yes / No	Yes / No

If yes, please enter details below:

2. Respond to these statements after each attack by circling the appropriate answer:

After treatment with rimegepant:	Attack number:			
	1	2	3	4
It significantly improved my migraine pain or most bothersome migraine symptom within 2 hours	Yes / No	Yes / No	Yes / No	Yes / No
I did not need or want to reach for additional rescue painkillers at 2 hours	Yes / No	Yes / No	Yes / No	Yes / No
I did not have very bothersome migraine symptoms for 24 hours	Yes / No	Yes / No	Yes / No	Yes / No
I had no concerning side effects	Yes / No	Yes / No	Yes / No	Yes / No

3. If you had any symptoms that you felt were a concerning side effect, please enter details below:

Do you think rimegepant is better than other painkillers you have taken in the past for your migraine?
Yes □ No □

If no, please provide details of what treatment you felt worked better:

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