

Key messages for the public funding of Emgality (galcanezumab)

Key messages are grouped to match Pharmac's 4 'Factors for Consideration' for funding decisions:
Health Need | Health Benefits | Suitability | Costs & Savings

Addressing the Health Need

- Globally, migraine disease affects approximately 1 in 7 people and is one of the most disabling medical conditions.
- Migraine disease is estimated to affect 642,000 people in Aotearoa New Zealand.
- Migraine is the fourth largest cause of disability in Aotearoa New Zealand, with a similar disability impact as major depressive disorder.
- About 7% of people with migraine experience chronic migraine, the most severe and debilitating form of migraine. An estimated 45,000 people in New Zealand have chronic migraine, defined as headache that occurs on 15 days or more each month. Migraine that occurs up to 14 days a month is defined as episodic migraine.
- Chronic migraine usually develops from episodic migraine, with around 3% of people with episodic migraine transforming to chronic migraine each year, but this chronification can be reversed.
- From the Migraine in Aotearoa New Zealand 2022 survey, nearly a quarter of people with chronic migraine reported feeling judged or misunderstood by a spouse or partner always or often, compared to 7.7% of those with episodic migraine. Similar results were found for family, friends, workplaces and schools or places of education or training.
- Studies consistently show that migraine also affects family, partners and children of people with the disease. People with migraine report a reduced ability to do household chores, missed family or social activities, an avoidance of making social plans and impact on parenting, including a child missing or being late to school because of the parent's migraine.
- From the Migraine in Aotearoa New Zealand survey 2022, 87% of people with chronic migraine experienced severe disability, compared to 38% of people with episodic migraine. 16% reported poor self-rated health, compared to 4% of those with episodic migraine.
- Migraine is a risk factor for stroke, myocardial infarction and dementia and is strongly associated with depression, anxiety, sleep disorders and other pain conditions.
- The prevalence of migraine in Māori is 16%, similar to overall prevalence in Aotearoa New Zealand. However, Māori are likely to experience higher burden from migraine, due to disparities in health care access and higher risk factors for chronification of migraine.

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Addressing the Health Benefit

- Calcitonin gene-related peptide (CGRP) monoclonal antibodies such as Emgality are a breakthrough for people with migraine and are the only preventive medicines specifically developed for migraine. Every day that CGRP medications remain unfunded in New Zealand is a day that someone could be living without pain.
- Clinical trials have established the efficacy of Emgality in the treatment of people with chronic migraine. There is strong evidence that Emgality works to reduce the frequency of migraine attacks (including reverting chronic migraine to episodic migraine), reduce the amount of acute medication use and improve disability from migraine.
- Emgality works well in people who have not responded to previous preventive treatments.
- Inadequate treatment of acute attacks can contribute to chronic migraine and having more options for treatment of chronic migraine will benefit people who do not tolerate or respond to acute medications.

Addressing Suitability

- Many people with migraine experience acute medication-induced headache, either from using analgesics for more than 15 days per month or opioids or triptans for more than 10 days per month. This can cause a chronic and disabling daily headache. The traditional recommended treatment has been withdrawal of the medicine, which can be difficult and painful. Emgality is effective in treating people with migraine and medication overuse, and naturally results in a reduction in acute medication use without needing a painful withdrawal period.
- Standard treatment for prevention of migraine is medications developed for other conditions such as antidepressants, antiepileptics and blood pressure-lowering medication. Although these medications can have some effect in reducing migraine attacks, they frequently cause unpleasant side effects and are not well tolerated by many, meaning people have to stop using them. By contrast, Emgality is very safe and has few serious side effects, and the rate of people stopping them because of side effects is extremely low.
- From clinical trials, the rate of side effects from Emgality is similar to that of placebo and the most common side effects are injection-site reactions.

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Addressing Costs & Savings

- Emgality is funded in other countries that we compare ourselves to like Australia, Canada, England and Wales. Currently in Aotearoa New Zealand, Emgality costs around \$325 per month (after the initial loading dose, which is two injections, costing \$650). This is unaffordable for many people, particularly those with more severe and disabling migraine who are unable to work.
- Chronic migraine is associated with lost productivity from work, lower household income and a reduced ability to engage in employment. From the Migraine in Aotearoa New Zealand 2022 survey, 23% of people with chronic migraine reported being unable to work, twice the proportion of those with episodic migraine, and only 4% reported no work-related difficulties, compared to 21% of those with episodic migraine.
- Chronic migraine is associated with significant cost to the health system, due to higher healthcare utilisation, including more visits to general practitioners, emergency departments and specialists.
- People with chronic migraine who are on successful preventive treatment experience reduced personal healthcare costs through a reduced need for primary care visits, reduced need for acute treatments, reduced need for specialist visits (currently in Aotearoa, most patients who want to see a neurologist for a migraine consultation must pay for this in the private system), reduced need for supplements and other non-funded treatments, such as acupuncture, massage, physical therapy, etc.