

Response ID ANON-7SG7-TDSC-P

Submitted to Proposed amendments to the designated registered nurse prescriber specified prescription medicines list
Submitted on 2025-09-23 12:12:30

Introduction

1 What is your name?

Name:
Fiona Imlach

2 What is your email address?

Email address:
fiona@migraine.foundation.org.nz

3 What is your organisation?

Organisation:
Migraine Foundation Aotearoa New Zealand

4 Are you submitting as an individual or on behalf of an organisation?

On behalf of an organisation

5 What is your job title?

Job title:
Deputy Chair/Co-founder

6 Which of these best describes you?

Consumer

If you selected other, please specify:

7 Do you agree with the proposed medicines on the list?

Yes

Other comments

25 Are there any other comments you would like to make?

Comments:

We are in support of the addition of atogepant and erenumab for the treatment of migraine but note that these medications are not for the 'treatment of acute migraine' as listed in the document but for 'migraine prophylaxis' or prevention (as correctly noted in the list of medications for pharmacy prescribers). We would recommend also adding galcanezumab to this list. Galcanezumab is the same class of medication as erenumab and is considerably cheaper at around \$325 per month, as opposed to erenumab at \$678 per month. Although neither are currently funded, both are on Pharmac's Options for Investment list, as is atogepant. Erenumab is also only available from one pharmacy in NZ, whereas galcanezumab can be supplied through CDC Pharmaceuticals to any pharmacy in the country. It doesn't make sense to list erenumab and not list galcanezumab, which is much more accessible for consumers. It would also make sense to add fremanezumab to this list, as this is another of the same class of medication which has been Medsafe approved and is currently going through the Pharmac approval process. These medications are considered first line migraine preventive treatments in other jurisdictions due to their safety profile and efficacy. They are much better tolerated than existing options and are effective even in the presence of medication overuse headache.

We also support the addition of other medications that can be used for migraine prophylaxis to the nurse prescriber list such as beta blockers, calcium channel blockers, memantine. Nurse practitioners are well equipped and capable of managing the risks around pregnancy with topiramate and other anti-epileptics for women of child-bearing potential.

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26 Publishing submissions

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