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Request for consideration to fund the range of options of migraine preventive medications on the Options for Investment list

This letter is from Migraine Foundation Aotearoa New Zealand (MFANZ), a charity established in 2022. Our mission is to raise awareness of the impact of migraine disease and support people living with migraine in Aotearoa New Zealand.

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Request for consideration

- When considering funding the new migraine prevention medications, we request that the ultimate goal should be that **a range of options** will be funded, to ensure people with migraine in Aotearoa New Zealand have access to all of the available options that can effectively prevent migraine.

Four medications sit on the Options for Investment List for the indication of migraine prevention (erenumab, galcanezumab, atogepant and fremanezumab). These medications all target the action of calcitonin gene-related peptide (CGRP); three are monoclonal antibodies and one is a gepant. Erenumab and atogepant are CGRP receptor antagonists; galcanezumab and fremanezumab bind to the CGRP ligand.

Although these drugs have the same target and have a similar efficacy in the treatment of migraine overall, they also have differences which manifest in clinical practice with patients who don't respond to one anti-CGRP medication (or have side effects) but a different one is effective and tolerable. Although this is a minority of patients, it means that we need to have more than one of

this type of medication funded to provide an effective range of options for all people with migraine in Aotearoa New Zealand.

Another indication for providing more than one anti-CGRP medication is to account for patient preference for oral versus subcutaneous injection and frequency of dosage (daily tablet, monthly or three monthly injections). Patient satisfaction and adherence to treatment will be improved if the medication type suits their needs.

We recommend the 2025 review by Romozzi[1] which discusses the literature around switching anti-CGRP monoclonal antibodies in depth. This concludes that the current state of the evidence supports the clinical practice of switching to a second anti-CGRP medication when the first has not been sufficiently successful in patients who haven't responded to other treatments or who have limited other options. A recent update of the European Headache Federation guidelines on anti-CGRP monoclonal antibodies[2] also made this conclusion. Similar evidence is accruing for the use of gepants when monoclonal antibodies are not successful.[3] On the current evidence, the initial anti-CGRP medication, and subsequent one if switching is required, can be based on patient preference, affordability and potential side effects. From a recent review of over 148,00 people dispensed anti-CGRP medications in the US, around 10% switched between these in the first year and 14% discontinued without switching.[4] Notably, migraine-related medication and health care use decreased after initiation of these medications.

This is not a request based purely on academic or theoretical grounds. From the Migraine Foundation Aotearoa New Zealand online support group (with over 2100 members), we've heard from people in Aotearoa who have self-funded galcanezumab but found its effectiveness waned over time, then successfully switched to atogepant, as the other anti-CGRP medication currently available at a similar cost. As long as the medications are comparable in price, having multiple anti-CGRP medications should not increase costs for Pharmac as patients who need to try more than one will switch between medications, not add them.

The cost to patients and society of having only a single medication funded, would be that those patients for whom it is not effective or effectiveness wears off will have no other alternatives and will be left with the disability, loss of function and reduced capacity to work that comes with frequent, poorly controlled migraine attacks. This also has negative effects on mental health.

References

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3. Muñoz-Vendrell, A. *et al.* Atogepant after anti-CGRP monoclonal antibodies failure in migraine: a multicenter real-world study of effectiveness, safety, persistence and predictors of response. *J Headache Pain* https://doi.org/10.1186/S10194-025-02239-1 (2025).

4. Moura CS, Randall JR, Klarenbach S, Behlouli H, Luu H, Amoozegar F, Kaboré JL, Bernatsky S. Persistence, switching, and healthcare use after initiating calcitonin gene-related peptide inhibitors: a real-world assessment. J Headache Pain. 2025 Dec 12. doi: 10.1186/s10194-025-02167-0