

***This document contains a copy of the letters Migraine Foundation Aotearoa New Zealand sent to the major political parties between 22 May 2026 and 10 June 2026, in the leadup to the 2026 General Election on 7 November 2026, calling on each party to commit to increasing funding to Pharmac so it can fund all the medications on its Options for Investment list.***

## The National Party

**Sent to:**

Hon Simeon Brown, Minister of Health

Hon Matt Dooney, Associate Minister of Health

Tēnā koe Minister

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in New Zealand since the 1990s.

**I'm writing to you to ask the National Party to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

These medications are a new type of preventive treatment that target a peptide in the brain that causes migraine attacks (known as calcitonin gene-related peptide or CGRP). **These are first-line, standard of care treatments in other countries because they're more effective and have fewer side effects than our current medications.**

These are the only medications specifically developed to prevent migraine. Older medications used in migraine prevention were developed to manage other conditions such as high blood pressure and depression and were only found by chance to have some effect for migraine prevention. The anti-CGRP medications are a significant breakthrough for migraine disease management.

**Everyone with migraine deserves equitable access to safe and effective migraine treatments. Access should not be dependent on income. No one should have to choose between financial security and their health.**

If you live in Australia and are prescribed an anti-CGRP medication, it would cost you as little as \$7.30 per month, or a maximum of \$30. In the UK, all four anti-CGRP medications available in New Zealand are fully funded.

In New Zealand, depending on the anti-CGRP medication, you pay \$300–\$1,400 per month. Many New Zealanders are making sacrifices in other areas of their lives in order to afford to pay for these medications. But for others, these medications remain financially out of reach and the burden of migraine continues. Days and years wasted in pain and disability, often unable to work, when medications exist that could significantly improve people's lives and get them back into the workforce. Using overseas research, migraine could be costing our economy \$1 billion annually just for healthcare. The cost of productivity losses from absenteeism and presenteeism is likely to be much larger, since migraine disproportionately affects people of prime working age.

It is likely taxpayer money would be saved by funding these medications through: increased participation in the paid workforce (greater tax take); less reliance on employment and sickness benefits (reduced benefit costs); and fewer hospital visits from acute migraine attacks (reduced use of the overall healthcare budget each year on people with migraine disease).

While we acknowledge the \$604 million boost to Pharmac made in 2024, New Zealand underfunds medicines, spending only 0.4% of our GDP on pharmaceuticals, against an OECD average of 1.4%.

People with migraine are suffering because of this consistent lack of underfunding by successive governments.

I urge National to properly invest in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments.

Ngā mihi nui

Sarah Cahill

Migraine Foundation Aotearoa New Zealand co-founder and chief executive

[sarah@migrainefoundation.org.nz](mailto:sarah@migrainefoundation.org.nz)

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I look forward to hearing from you.

## The Labour Party

**Sent to:**

Dr Ayesha Verrall, Health Spokesperson

Tēnā koe Dr Verrall

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in New Zealand since the 1990s.

**I'm writing to you to ask the Labour Party to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

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medications. But for others, these medications remain financially out of reach and the burden of migraine continues. Days and years wasted in pain and disability, often unable to work, when medications exist that could significantly improve people's lives and get them back into the workforce. Using overseas research, migraine could be costing our economy \$1billion annually just for healthcare. The cost of productivity losses from absenteeism and presenteeism is likely to be much larger, since migraine disproportionately affects people of prime working age.

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I urge Labour to properly invest in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments.

Ngā mihi nui

Sarah Cahill

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## ACT New Zealand

**Sent to:**

Hon David Seymour, Associate Minister of Health (Pharmac), Deputy Prime Minister  
Todd Stephenson, Health Spokesperson

Tēnā koe Minister

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in New Zealand since the 1990s.

**I'm writing to you to ask the ACT New Zealand Party to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

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workforce. Using overseas research, migraine could be costing our economy \$1billion annually just for healthcare. The cost of productivity losses from absenteeism and presenteeism is likely to be much larger, since migraine disproportionately affects people of prime working age.

It is likely taxpayer money would be saved by funding these medications through: increased participation in the paid workforce (greater tax take); less reliance on employment and sickness benefits (reduced benefit costs); and fewer hospital visits from acute migraine attacks (reduced use of the overall healthcare budget each year on people with migraine disease).

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I urge the ACT New Zealand Party to properly invest in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments.

Ngā mihi nui

Sarah Cahill

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I look forward to hearing from you.

## New Zealand First

**Sent to:**

Hon Casey Costello, Associate Minister of Health  
Jenny Marcroft, Health Spokesperson

Tēnā koe Minister

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Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in New Zealand since the 1990s.

**I'm writing to you to ask the New Zealand First Party to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

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workforce. Using overseas research, migraine could be costing our economy \$1billion annually just for healthcare. The cost of productivity losses from absenteeism and presenteeism is likely to be much larger, since migraine disproportionately affects people of prime working age.

It is likely taxpayer money would be saved by funding these medications through: increased participation in the paid workforce (greater tax take); less reliance on employment and sickness benefits (reduced benefit costs); and fewer hospital visits from acute migraine attacks (reduced use of the overall healthcare budget each year on people with migraine disease).

While we acknowledge the \$604 million boost to Pharmac made in 2024, New Zealand underfunds medicines, spending only 0.4% of our GDP on pharmaceuticals, against an OECD average of 1.4%.

People with migraine are suffering because of this consistent lack of underfunding by successive governments.

I urge New Zealand First to properly invest in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments.

Ngā mihi nui

Sarah Cahill

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## Green Party of Aotearoa New Zealand

**Sent to:**

Hūhana Lyndon, Health Spokesperson

Tēnā koe Hūhana

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in Aotearoa since the 1990s.

**I'm writing to you to ask the Green Party to explicitly include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

This aligns with your strategic priority on health to "Provide universal, free and accessible diagnosis, treatment and management for all illnesses and injuries."

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

These medications are a new type of preventive treatment that target a peptide in the brain that causes migraine attacks (known as calcitonin gene-related peptide or CGRP). **These are first-line, standard of care treatments in other countries because they're more effective and have fewer side effects than our current medications.**

These are the only medications specifically developed to prevent migraine. Older medications used in migraine prevention were developed to manage other conditions such as high blood pressure and depression and were only found by chance to have some effect for migraine prevention. The anti-CGRP medications are a significant breakthrough for migraine disease management.

However, because they aren't funded, we have to pay \$300–\$1,400 per month, depending on the anti-CGRP medication. If you live in Australia and are prescribed an anti-CGRP medication, it would cost you as little as \$7.30 per month, or a maximum of \$30. In the UK, all four anti-CGRP medications available in Aotearoa are fully funded.

Many people with migraine are making sacrifices in other areas of their lives in order to afford these medications. But for others, they remain financially out of reach and the burden of migraine continues. Days and years wasted in pain and disability, often unable to work, when medications exist that could significantly improve people's lives and get them back into the workforce.

**Everyone with migraine deserves equitable access to safe and effective migraine treatments. Access should not be dependent on income. No one should have to choose between financial security and their health.**

Like other chronic health conditions, Māori, Pasifika and disabled people with migraine continue to be disadvantaged, through lack of diagnosis and unable to access proper care and treatment. Recent Ministry of Health data identified that nearly twice as many disabled adults (25%) had migraine symptoms compared to non-disabled adults and Māori and Pasifika had the highest rates of migraine symptoms without ever being diagnosed with migraine. Restricted access to first line, standard of care treatments adds to the significant burden of migraine in these population groups.

I urge the Green Party to commit to properly investing in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments. I encourage you to meet with my colleague and co-founder Fiona Imlach, who has written to her local MP Hon Julie Anne Genter, which has been forwarded on to your office.

Ngā mihi nui

Sarah Cahill

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## The Opportunity Party

**Sent to:**

Qiulae Wong, TOP leader

Tēnā koe Qiulae Wong

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder. However, unlike depression, there have been no new migraine treatments funded in New Zealand since the 1990s.

**I'm writing to you to ask the Opportunity Party to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.**

Four migraine-specific preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years.

These medications are a new type of preventive treatment that target a peptide in the brain that causes migraine attacks (known as calcitonin gene-related peptide or CGRP). **These are first-line, standard of care treatments in other countries because they're more effective and have fewer side effects than our current medications.**

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In New Zealand, depending on the anti-CGRP medication, you pay \$300–\$1,400 per month. Many New Zealanders are making sacrifices in other areas of their lives in order to afford to pay for these medications. But for others, these medications remain financially out of reach and the burden of migraine continues. Days and years wasted in pain and disability, often unable to work, when medications exist that could significantly improve people's lives and get them back into the workforce. Using overseas research, migraine could be costing our economy \$1billion annually just

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It is likely taxpayer money would be saved by funding these medications through: increased participation in the paid workforce (greater tax take); less reliance on employment and sickness benefits (reduced benefit costs); and fewer hospital visits from acute migraine attacks (reduced use of the overall healthcare budget each year on people with migraine disease).

While we acknowledge the \$604 million boost to Pharmac made in 2024, New Zealand underfunds medicines, spending only 0.4% of our GDP on pharmaceuticals, against an OECD average of 1.4%.

People with migraine are suffering because of this consistent lack of underfunding by successive governments.

I urge the Opportunity Party to commit to properly investing in Pharmac and improve the health of New Zealanders through the funding of clinically effective and cost effective treatments.

Ngā mihi nui

Sarah Cahill

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## Te Pāti Māori

**Sent to:**

Debbie Ngarewa-Packer, Co-leader

Tēnā koe Debbie

I am the co-founder and chief executive of Migraine Foundation Aotearoa New Zealand. I write to you on behalf of the 733,000 women, men and children in New Zealand living with migraine disease.

Migraine is more than just a headache; migraine is a disabling neurological condition that has a similar disability impact to major depressive disorder.

As for other chronic health conditions, Māori with migraine continue to be disadvantaged. Recent [New Zealand Health Survey data](#) identified that nearly 20% of Māori experienced migraine symptoms in the last 3 months (16% for European/Other). In addition, only 9% had been diagnosed with migraine by a doctor, meaning that 11% had migraine symptoms without ever being diagnosed.

As you know, there are many reasons for this, including lack of access to appropriate health care and treatment, experiences of stigma and discrimination and the ongoing effects of colonisation on the economic, social and cultural wellbeing of Māori. But given that migraine affects more Māori than non-Māori, it's even more important we have equal access to the best migraine treatments in Aotearoa.

Up until 2018, the only available medications for migraine prevention were developed to manage other conditions such as high blood pressure and depression. These come with significant side effects and aren't effective in around 50% of people. From 2018, a new type of preventive medication has become available, that was developed specifically to target a neuropeptide involved in migraine attacks (known as calcitonin gene-related peptide or CGRP).

**These are first-line, standard of care treatments in other countries because they're more effective and have fewer side effects than our current medications.**

Four of these new, migraine-specific anti-CGRP preventive medications are listed on Pharmac's Options for Investment list, waiting for funding. Three of these have been on the list for two years. Like many other medications on the Options for Investment list, these have the potential to reduce health inequalities by offering improved treatment of conditions which disproportionately affect Māori.

We know from the stories of our migraine community that these new medications can be transformative, allowing people to get back to work, back to family life and back to health. One example of this is Jay Matenga, who shares his experience of Emgality, one of these new medications here: [https://youtu.be/kgMf11mK2lg?si=iXBwJ6j\\_ylus4K4D](https://youtu.be/kgMf11mK2lg?si=iXBwJ6j_ylus4K4D).

However, these medications are only accessible for those who can afford to pay for them. Depending on the anti-CGRP medication, you pay \$300–\$1,400 per month. This is out of reach for many people. If you lived in Australia and were prescribed an anti-CGRP medication, it would cost from \$7.30 to a maximum of \$30 a month. In the UK, all four of these anti-CGRP medications are fully funded.

**I'm writing to you to ask Te Pāti Māori to include in your 2026 election policy a clear commitment to increase funding to Pharmac so it can fund all of the medications on Pharmac's Options for Investment list.** A commitment to invest in Pharmac will improve the health of Māori through the funding of clinically effective and cost effective treatments, for migraine and for other health conditions.

We want to see a reversal of the consistent lack of funding into healthcare and medications by successive governments in the upcoming election. Access to safe and effective treatments should not be dependent on income and no one should have to choose between financial security and their health.

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