Calcitonin gene-related peptide (CGRP) migraine treatments in Aotearoa New Zealand

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Calcitonin gene-related peptide (CGRP) is a neuropeptide implicated in the pathophysiology of migraine. CGRP is released from sensory nerves around the trigeminovascular system to cause peripheral and central sensitisation, increase neuroinflammation and vasodilation of meningeal blood vessels.

Recent advances in migraine treatment have led to the development of two primary classes of CGRP-targeting medications. For more information about CGRP medications, check out Professor Debbie Hay's presentation on YouTube: https://youtu.be/DrIIrZXcwoU

Monoclonal antibodies (mAbs): These biologics are designed for migraine prevention and inhibit CGRP activity through binding the CGRP ligand or receptor.

- *Erenumab (Aimovig):* Targets the CGRP receptor; administered subcutaneously once monthly.
- *Galcanezumab (Emgality):* Binds to the CGRP ligand; administered subcutaneously once monthly, after a loading dose of two injections.
- *Fremanezumab (Ajovy):* Targets the CGRP ligand; administered subcutaneously monthly or quarterly.
- *Eptinezumab (Vyepti):* Binds to the CGRP ligand; administered intravenously every three months.

Gepants: These small-molecule CGRP receptor antagonists are used for both acute treatment and prevention of migraine.

- *Rimegepant (Nurtec ODT):* orally disintegrating tablet taken every other day as a preventive or as needed for acute treatment.
- *Ubrogepant (Ubrelvy):* oral tablet taken as needed for acute treatment.
- *Atogepant (Aquipta/Qulipta):* oral tablet taken daily as a preventive. Recently approved by the European Commission for acute treatment but not currently approved for this in New Zealand.
- *Zavegepant (Zavzpret):* nasal spray formulation taken as needed for acute treatment.

Efficacy and use

As preventives, clinical trials have demonstrated that both mAbs and gepants effectively reduce the frequency and severity of migraine attacks in both episodic and chronic migraine, medication overuse headache and those who have not responded to other preventive treatments. Response can be quick but a trial of at least 3 months is recommended and some patients may benefit from a 6-month trial.

Around 20–30% of people have no response or <50% reduction in monthly migraine days. There is currently no way of telling which patients will respond and who will not. However, some patients who do not respond to one anti-CGRP medication will have a significant response to a different one.

Safety

The anti-CGRP medications are generally well tolerated, with common side effects including injection site reactions for mAbs and nausea, constipation or fatigue for gepants. No major adverse or long-term effects have been noted so far. Discontinuation rates because of side effects are much lower for anti-GPRP medications than traditional oral preventives.

Safety during pregnancy or breastfeeding is unknown.

For the mAbs, there are no known interactions and no risk of opportunistic infections (they do not interact with the immune system). MAbs are metabolised and eliminated by the reticuloendothelial system so renal or hepatic impairment should not affect their pharmacokinetics. Gepants may interact with CYP34A inhibitors and inducers.

Prescribing and availability in New Zealand

As of June 2026:

- **Erenumab (Aimovig), galcanezumab (Emgality), fremanezumab (Ajovy)** and **atogepant (Aquipta)** are available in New Zealand and on Pharmac's Options for Investment list, but are not funded.
- **Eptinezumab (Vyepti)** is not available in New Zealand.
- **Gepants** such as rimegepant, ubrogepant and zavegepant are not approved or available in New Zealand.

There are no special restrictions on prescribing. **General practitioners can initiate treatment**.

Ajovy is available from pharmacies across New Zealand via wholesalers including CDC Pharmaceuticals and ProPharma, and individual pharmacies set their own retail prices. Depending on the pharmacy, it costs around $299–$330 per 225mg/1.5ml injection. As at April 2026, Chemist Warehouse lists Ajovy at $299.

Emgality can be dispensed from any pharmacy in New Zealand but is only available at a special access price from CDC Pharmaceuticals. The cost is around $325 per 120mg injection but varies depending on the pharmacy (some offer it for $290).

Aquipta is available from Airport Oaks Pharmacy in Auckland and Avalon Medical Centre Pharmacy in Wellington but can be couriered throughout NZ. The cost is $352.80 a month (28 x 60mg tablets), plus $6-12 courier fee. Smaller trial quantities are available.

Aimovig is only available from Grafton Pharmacy in Auckland at $678 for a 70mg injection. Courier costs are higher as the injection must be transported using cold storage.