

# CGRP medication for Migraine

**CGRP mAbs – short for calcitonin gene-related peptide monoclonal antibodies – is the first preventive medicine specifically developed to treat migraine.**

**Previously the only preventive treatments for migraine were medicines developed for other conditions but found to be useful in treating migraine as well.**

## What are they and how do they work?

During a migraine attack the cerebral nerves and blood vessels release substances including calcitonin gene-related peptide monoclonal antibodies (CGRP), a protein that transmits pain through your brain. CGRP treatments aim to block the CGRP protein and can help to reduce the headache associated with migraine.

So far three types of CGRP preventive medicines are available on NHS prescription in the UK. They are Fremanezumab (brand name Ajovy), Galcanezumab (Emgality) and Erenumab (Aimovig). These are all administered by an injection under the skin (subcutaneous injection), either monthly or every three months. A doctor or nurse will show you how to do this yourself at home with a self-injector pen.

Research has found that CGRP medicines are safe and effective in reducing the frequency and severity of migraine attacks. They have fewer side effects than other preventive migraine medication.

Another type of CGRP medicine, Eptinezumab (Vypti), may be approved for use in the UK in the near future. This is given intravenously (into a vein by infusion) once every three months.



## Who can take them?

CGRP medicines are prescribed by headache specialists or consultant neurologists only if you've already tried at least three other preventive treatments that haven't helped your migraine attacks.

If you're struggling to manage your migraine and think you may benefit from CGRP treatment, you should see your GP for a review and possible referral to a headache specialist or consultant neurologist. If CGRP medication is not an option, a specialist may be able to suggest other treatments.

Who can be prescribed CGRP treatment varies, so you'll need to check the referral criteria with your GP. For instance, in Scotland you may need to try Botox first. Our factsheet on Botox provides further details of this treatment.

Other criteria might be how often you have migraine attacks and how long they last. You'll have to meet the criteria and your specialist will need to agree that CGRP treatment is a good one for you to try. Extra caution is advised on their use in pregnancy and



breastfeeding to minimise possible safety risks, such as toxicity, spontaneous abortions and prematurity.

Not all headache clinics offer CGRP treatment. Your GP can check what headache clinics are prescribing it. You may be able to ask for a referral to a different headache clinic but that can be a slow process as some of them have quite long waiting lists. Again, your GP should be able to advise and refer you to the clinic with the shortest waiting times.

## Things to consider

CGRP treatments are still relatively new, and we are learning more about them all the time. They are considered to be well tolerated. The most common side effects reported are mild injection-site reactions (such as pain, swelling and skin reactions), constipation, itching and cramps/muscle spasms.

If you're concerned about side effects, you should speak to your specialist or headache nurse.

All new treatments need to be continuously monitored to ensure their safety and effectiveness in the long term. Staying in touch with your prescribing clinic or specialist and reporting any adverse effects is important.

Keeping a headache diary to record any side effects or reactions to CGRP medication also helps monitor how you do on the treatment and means any changes can be made more quickly.

## New treatments

More new treatments are coming in the form of gepants and ditans, which have also been specifically developed to treat migraine. They have been approved for use in the US and will shortly be considered for use in the UK. They have fewer side effects than some other migraine medicines.



Gepants and ditans come as tablets and can be compared to triptans in their role to stop a migraine attack. They should be taken at the start of an attack, as early as possible, to treat pain and associated migraine symptoms (such as nausea and sensitivity to light, noise or smells).

Gepants are also being considered as a preventive treatment option for migraine.

### Gepants

There are currently three gepants – Ubrogepant, Atogepant and Rimegepant – and others in development. They are CGRP receptor antagonists.

As opposed to conventional acute treatments such as triptans, non-steroidal anti-inflammatory drugs (NSAIDs) and other painkillers, gepants don't seem to cause 'rebound headache' (medication overuse headache). As such, they may be useful as a preventive treatment when taken regularly. If approved for prevention, they will be among the first oral (tablet) CGRP treatments to prevent migraine.

### Ditans

There is currently one ditan – Lasmiditan.

Lasmiditan is an acute treatment. It is another new class of medication that is like triptans and gepants, but also different. It might be as effective as a triptan, but it is very different from a triptan in the way it works.

It works by binding to one of the three receptors that triptans bind to. It doesn't constrict the blood vessels. It will be a useful acute treatment for people who are unable to take a triptan due to issues with the constricting of blood vessels. It will also be an option for those who have not found triptans effective or had problems with their side effects.

---

The Migraine Trust can be contacted on **0808 802 0066** (Monday to Friday, 10am to 4pm) or through our contact form and Live chat service found on our website at **migrainetrust.org** or by emailing **info@migrainetrust.org**.



4th Floor, Mitre House, 44-46 Fleet Street, London EC4Y 1BN. Registered charity in England and Wales (1081300) and Scotland (SC042911). A company limited by guarantee registered in England (3996448).

the  
**migraine**  
trust