

CGRP medication

CGRP medication includes CGRP monoclonal antibodies (mAbs) and gepants. Both medicines work by blocking the effects of a chemical called CGRP.



How CGRP medication works

CGRP is short for calcitonin gene-related peptide. CGRP is released by nerves in your body during a migraine attack. It's involved in the transmission of pain signals in your nervous system, which contributes to the symptoms of a migraine attack.

CGRP mAbs and gepants bind to the CGRP protein or its receptor on your nerves. This stops pain signals from being transmitted.



CGRP monoclonal antibodies (mAbs)

CGRP mAbs may reduce how many migraine attacks you get and how severe they are.

The following CGRP mAbs are currently approved for use on the NHS in the UK for the prevention of migraine.

- Erenumab (brand name, Aimovig)
- Fremanezumab (brand name, Ajovy)
- Galcanezumab (brand name, Emgality)
- Eptinezumab (brand name, Vyepti)

Most CGRP mAbs are administered as injections under the skin, every month or every three months. This is known as a subcutaneous injection. You can do this yourself after being shown how to by a doctor or nurse.

Eptinezumab is given intravenously (into a vein by infusion) once every three months. You'll have an appointment at hospital to have the infusion.



Gepants

Gepants can be used both to treat and prevent migraine attacks. You take them as tablets, rather than by injection or infusion.

Gepants can be a good option for people who can't take triptans, or don't tolerate them. They don't seem to cause medication overuse headache, like triptans and other painkillers can.

The following gepant medicines are currently approved for use on the NHS in the UK.

- Atogepant (brand name, Aquipta) – to prevent both episodic and chronic migraine (15 or more headache days a month)
- Rimegepant (brand name, Vydura) – for acute treatment of both episodic and chronic migraine, and to prevent episodic migraine



How to access CGRP medication

Your GP should be able to prescribe rimegepant to treat migraine symptoms (acute treatment). But in some areas, they may need to refer you to a headache specialist or consultant neurologist.

Your GP will usually need to refer you in order to access CGRP mAbs or gepants as a preventive treatment. Your doctor may recommend this if:

- you are having at least four migraine attacks a month **and**
- you have tried three or more other preventive treatments at the maximum doses you can tolerate for several months each, and they haven't worked.

Referral guidelines and access to CGRP mAbs and gepants can vary depending on where you are in the UK. Your GP can tell you what the situation is like in your area.



Things to consider

CGRP mAbs and gepants are generally well tolerated, and side effects are usually mild. They may include things like fatigue and constipation. CGRP mAbs can cause mild injection-site reactions. As these are newer medications, we are still finding out about longer-term side effects.

Your doctor will assess whether CGRP mAbs or gepants are right for you. They may not recommend them if you have certain health conditions, or if you are pregnant.

Not everyone finds CGRP mAbs or gepants help with their migraine. If they don't make a noticeable difference after 12 weeks, your doctor may advise you to stop them. They may suggest trying a different preventive medicine, or a combination of preventive medicines.

Find out more

You can read more about CGRP mAbs and gepants on our website at:

- migrainetrust.org/cgrp
- migrainetrust.org/gepants

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Reviewed by: The Migraine Trust Information and Support Services Team and Reviewer Panel.

If you have feedback on our information, please get in touch at: feedback@migrainetrust.org

Contact our Helpline on **0808 802 0066** (Monday to Friday, 10am to 4pm) or through our contact form and Live Chat service at migrainetrust.org/support. You can also email us at info@migrainetrust.org.

