

Patient information factsheet

Anti-CGRP monoclonal antibodies (mAbs) for the prevention of episodic and chronic migraine

We have given you this factsheet because you have been diagnosed with either:

- episodic migraine (when you have less than 15 headache days a month) or
- chronic migraine (when you have 15 or more headache days a month (with features of migraine headache on at least eight days per month) for more than three months).

This factsheet contains information about a preventative treatment for episodic and chronic migraine called anti-CGRP monoclonal antibodies (mAbs). It explains what anti-CGRP mAbs are, how they work and the possible side effects of the treatment. We hope it will answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is calcitonin gene-related peptide (CGRP)?

CGRP is a type of neurotransmitter (a chemical messenger in the body that passes signals from nerve cells to target cells) that helps pain signals pass through the nervous system. It has also been associated with the triggering of migraine attacks.

What are anti-CGRP mAbs?

Monoclonal antibodies (mAbs) are man-made proteins that act like human antibodies against specific targets.

Anti-CGRP mAbs are medications that have been designed to block either CGRP itself or the receptor to which CGRP binds. By blocking the action of CGRP, these medications may reduce how many migraine attacks you get and how severe they are.

Are there different types of anti-CGRP mAbs?

There are several different types of anti-CGRP mAbs. The following four medications are currently approved for use on the NHS in the UK for the prevention of migraine:

- Erenumab (Aimovig®)
- Fremanezumab (Ajovy®)
- Galcanezumab (Emgality®)
- Eptinezumab (Vyapti®)

Your headache specialist will prescribe the most appropriate medication for you.

How are anti-CGRP mAbs given?

Most anti-CGRP mAbs come in the form of an autoinjector pen (a device that allows a person to self-administer medication into tissues just under the skin). The injection is usually given every four weeks. Suitable injection sites include your:

- abdomen (tummy)
- thighs
- upper arms

It is important that you change your injection sites regularly. Injecting into the same site over and over can irritate your skin and the tissue beneath it.

We will advise you on how to safely use the autoinjector pen. You may also find the following instruction video for the relevant medication helpful:

- **Erenumab (Aimovig®)** - www.aimovig.com/start/aimovig-injection
- **Fremanezumab (Ajovy®)** - www.ajovy.com/autoinjector
- **Galcanezumab (Emgality®)** - www.emgality.lilly.com/how-to-inject-for-migraine

Are anti-CGRP mAbs suitable for everyone?

Anti-CGRP mAbs have been approved for use by the NHS for people who experience four or more migraine days a month. However, we can only prescribe this type of medication if:

- you have already tried at least three migraine preventative medications
- you are not taking painkillers too often
- you have kept a headache diary for at least three months before starting anti-CGRP mAbs (you must then continue with this diary while you receive treatment)

Anti-CGRP mAbs are **not** advisable for:

- anyone who is pregnant or trying to get pregnant (it is recommended that treatment is stopped six months before trying to get pregnant)
- anyone who is breastfeeding or planning to breastfeed (please ask your headache specialist for more information)
- children
- people with a history of major heart disease

Erenumab (Aimovig®) contains latex so it is not suitable for people with a latex allergy.

When will I receive the anti-CGRP mAbs?

The autoinjector pens will usually be delivered to your home by a homecare medicine delivery service. The company will contact you in advance by telephone to arrange a suitable delivery time. If you have any concerns about the delivery of your medication, contact the homecare company directly. They will provide you with their contact details with their first delivery.

How should anti-CGRP mAbs be stored?

The autoinjector pens must be stored in a refrigerator (between 2°C and 8°C).

You should take the autoinjector pen out of the refrigerator and leave it at room temperature for 30 minutes before you use it.

How long will I need to have anti-CGRP mAbs for?

We will initially prescribe you a 12-week supply of anti-CGRP mAbs.

After the 12-week trial period, you will have an appointment with a headache specialist who will review how effective the treatment has been. We will stop prescribing anti-CGRP mAbs if the migraine frequency does not reduce by:

- at least 50% in people with episodic migraine or
- at least 30% in people with chronic migraine.

We may also stop prescribing anti-CGRP mAbs if:

- you fail to attend any follow-up appointments
- you fail to keep a headache diary
- your headaches stop responding to the medication (for example, if the frequency of your headaches returns to what it was before you started the treatment)

Please note that if we do continue to prescribe you anti-CGRP mAbs, there may be a slight delay before you receive the next prescription.

Will I be monitored while having anti-CGRP mAbs?

You must keep a record of your headaches in a headache diary while you receive anti-CGRP mAbs. In your diary, you will need to record whether you had a headache and how severe it was each day.

Please make sure you submit your headache diary before your 12-week review. You can submit your headache diary to us in several ways. For example, you can:

- email it to us at neurologyadmin@uhs.nhs.uk
- upload it to My Medical Record (for more information about this, please visit: www.uhs.nhs.uk/for-patients/my-medical-record)
- send it to us in the post

If we continue to prescribe you anti-CGRP mAbs after the 12-week trial period, we will arrange for you to have routine review appointments with a headache specialist.

What are the possible side effects?

Anti-CGRP mAbs are relatively safe, but like all medications, they can cause some side effects.

The most common side effects include:

- constipation
- a skin reaction at the injection site (for example, redness, swelling or pain)

For the full list of possible side effects, please read the leaflet supplied with your medication. If you experience any side effects, please contact us, your general practitioner (GP) or NHS 111 (as appropriate) for advice as soon as possible.

As anti-CGRP mAbs are a relatively new treatment, we do not currently have much data on the long-term safety of them. For this reason, your treatment will need to be reviewed by your headache specialist at least once a year and should be stopped if there is no obvious benefit to your health.

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How effective are anti-CGRP mAbs?

Anti-CGRP mAbs will not work for everyone. However, they have been shown to be effective for at least half of the people who have tried them. The benefits from the treatment will also vary from person to person. If the treatment is successful, most people will still get some headaches, but they may be less severe and occur less often.

What happens if the treatment is not effective?

If anti-CGRP mAbs do not work for you, your headache specialist will discuss alternative migraine treatments that may be suitable for you. If no further specialist medication is necessary, we will usually discharge you back to your GP for ongoing supportive care.

Contact us

If you have any further questions or concerns, please contact your consultant's secretary using the email address below. When you email, make sure you include your name, date of birth and hospital number.

Email: neurologyadmin@uhs.nhs.uk

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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