Dear Committee Members,

I am writing on behalf of the new CGRP receptor blocking migraine abortive medications that have been on the market since January 2020. Specifically, Ubrelvy and Nurtec.

I believe this new category of medication should be first line abortive therapy for migraine headaches. Furthermore, they should be available to all practitioners, not just headache and pain specialists.

For the last 30 years, we have been prescribing triptans abortively. Triptans were revolutionary when they first came to the market but have significant drawbacks. Fifty percent of patients who use any of the triptans end up giving up on them because of lack of efficacy or lack of tolerability. Triptans cause sedation as well as a sensation of tightness in the face and chest which may last 20 minutes before it abates. The criteria for approving triptans was based on improving headaches, not on completely eliminating them. The updated standard by which new abortive medications are now being judged is headache freedom not just headache relief. Triptans cause vasoconstriction and are contraindicated in patients with cardiovascular risk factors such as stroke or heart attack. Triptans have the disadvantage of potentially causing medication overuse headaches, exacerbating the underlying migraine problem.

The introduction of the gepant category is evolutionary. These medications are extremely safe and extremely effective. They are essentially side-effect-free, do not cause vasoconstriction, and do not cause medication overuse headaches. Nurtec and Ubrelvy can be used in combination with all traditional prophylactic medications and with other abortive treatment options as well as with the new antibody therapies. Ubrelvy has the advantage of being able to repeat dosing and being able to adjust to a higher dose should that be necessary. Nurtec is a single, simple dose that dissolves in the mouth, not requiring liquid to wash it down. It is potentially effective up to 48 hours at a time. Both these medications have been evaluated on eliminating migraines, not just reducing them.

Given the different ways that these medications are dosed, I think there should not be a step-through from one to the other. I think both should be equally available.

Based on the safety and efficacy of this category of medication, it is my opinion that treatment with the gepant category should be first line abortive therapy for migraines and should be available to all practitioners. The troublesome and problematic triptans should be designated as second line therapy because they are less safe and less effective.

Thank you for your consideration of this matter.

Sincerely,