MPS 3558

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Erenumab (Aimovig®) 140mg/1ml solution for injection pre-filled pens

Tier 2 – medium impact*
Date of issue: 26/10/2026

Medicines Supply Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

Summary

- Erenumab (Aimovig®) 140mg/1ml solution for injection pre-filled pens are out of stock from late October to 6th November 2026
- Erenumab (Aimovig®) 70mg/1ml solution for injection pre-filled pens remain available but cannot support increased demand
- Alternative calcitonin gene–related peptide (CGRP) targeted therapies licensed for the prophylaxis of migraine remain available

Actions Required

Do not initiate new patients on erenumab140mg/1ml pre-filled pens until the supply issue has resolved.

NHS provider Trust **clinical teams** should work together with **homecare providers**, to identify patients currently prescribed Aimovig® 140mg/1ml pre-filled pens.

Homecare providers should:

- review delivery schedules and patient stock holding
- reduce delivery quantities to 4-weekly until the shortage has resolved, where appropriate
- co-ordinate general patient communication and ensure patients are informed of the supply disruption and any changes in their delivery dates and quantities
- share a clear summary of patient stock holding of patients who will not be able to receive their delivery as planned with NHS provider Trust clinical teams

NHS provider Trust clinical teams should:

- review affected patients (provided by the homecare provider) to determine if this is still the most suitable therapy, and assess the impact of a break in treatment until the resupply date,
- or consider prescribing an alternative CGRP targeted therapy, where appropriate e.g. if a break in therapy is not acceptable, and supply of the alternative can be organised without further delay.
- Where an alternative treatment has been prescribed, the decision to switch patients back following resupply should be made on a case-by-case basis by the NHS provider Trust.
- Manage individual patient enquiries in partnership with the homecare provider

Business Services Organisation

Supporting Information

Clinical Information

Erenumab, a monoclonal antibody that binds to the CGRP receptor, is indicated for prophylaxis of migraine in adults who have at least 4 migraine days per month. It has a half-life of 28 days. The recommended dose is 70 mg to 140 mg administered as a subcutaneous injection every 4 weeks. (Note: only the erenumab 140mg dose is NICE approved). Treatment should be initiated by clinicians experienced in the diagnosis and treatment of migraine. Consideration should be given to discontinuing treatment in patients who have shown no response after 3 months of treatment.

Alternative monoclonal antibody formulations which target CGRP include eptinezumab, galcanezumab and fremanezumab. Galcanezumab and fremanezumab are administered subcutaneously and have the same licensed indication as erenumab. Oral CGRP receptor antagonists including atogepant and rimegepant are also available. These CGRP targeted therapies are NICE approved for preventing migraine in adults if they have 4 or more migraine days a month, and at least 3 preventive medicines have not worked, or are not tolerated or are unsuitable because of safety concerns.

Links to further information

SmPC: Aimovig (erenumab) 140mg solution for injection pre-filled pen
BNF Erenumab
SmPC: Emgality (galcanezumab) 120 mg solution for injection in pre-filled pen
SmPC: Ajovy (fremanezumab) 225 mg solution for injection
NICE TAs (migraine)