

Title: Erenumab versus topiramate for the prevention of migraine: Results of a post-hoc efficacy analysis

HER-MES: Randomized, double-blind, multicenter Head-to-head study of Erenumab against topiRamate-Migraine study to assess tolerability and efficacy in a patiEnt-centered Setting (HER-MES)

Authors

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Objective

In this post-hoc analysis of the HER-MES trial, we compared the efficacy of erenumab vs. topiramate using multiple imputation.

Background

Migraine is one of the most common causes of disability worldwide. In 2018, the FDA and EMA approved erenumab (erenumab-aooe in the U.S.) as the first medication specifically developed for migraine prevention. HER-MES is the first study to directly compare a CGRP-AB to one of the most commonly used migraine prophylactic drugs in a randomized, controlled trial.

Design/Methods

HER-MES is the first head-to-head double-blind, double-dummy trial comparing the tolerability and efficacy of erenumab to topiramate in a German cohort of 777 adult migraine patients with at least 4 monthly migraine days (MMD).

HER-MES comprised a 24-week double-blind, double-dummy treatment epoch (DBTE) in which patients received (1) either 70 mg or 140 mg subcutaneous erenumab (investigator's choice) and an oral placebo or (2) a subcutaneous placebo and the maximally tolerated dose of oral topiramate (50-100 mg/daily; control group). For this post-hoc efficacy analysis, we were analyzing the efficacy of erenumab and topiramate over months 4, 5, and 6 regarding the 50 % responder rate (RR) in monthly migraine days and the change in monthly migraine days (MMD) from baseline using a multiple imputation model.

Results

For both outcomes, 50 % RR and change in MMD from baseline in month 4, 5, and 6 erenumab proved to be superior to topiramate.

Conclusion

With this post-hoc analysis we directly compared the efficacy of both compounds using the well-established model of multiple imputations. This analysis displays a hypothetical scenario in which all patients stayed on drug throughout the 24-weeks treatment phase, despite AE and ineffective response. The results of this post-hoc analysis complement the efficacy results from the HERMES primary analysis and further support the benefits and again display the superiority of erenumab over topiramate for the prevention of migraine.

