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Migraine – preventive therapy: Pharmacological and Device based

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Effect of switching migraine preventive SoC treatments on therapeutic response compared to patients treated continuously with erenumab in patients with episodic migraine

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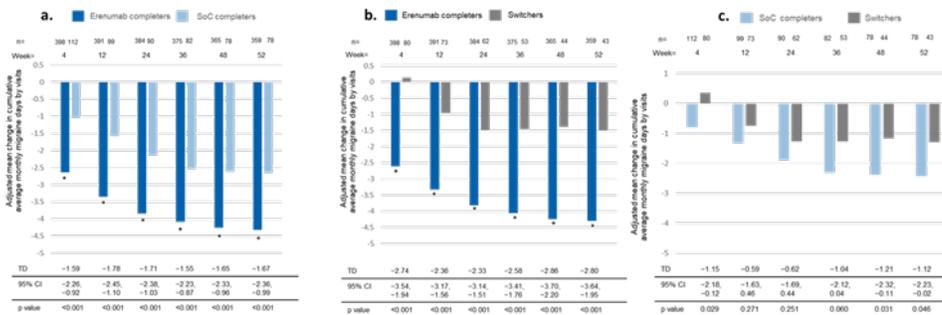
Introduction: Individuals with migraine often cycle through multiple preventive medications due to limitations in efficacy and/or tolerability, with each switch leading to lower adherence and ultimately poor treatment outcomes.

Objectives: This sub-analysis of APPRAISE study (NCT03927144) describes the characteristics of patients who switched from initially assigned treatment, the effect of switching preventive treatments on treatment outcomes, and if the early use of erenumab is associated with the reduced switching and better outcomes compared to Standard of care (SoC).

Methods: Patients aged ≥18 years (N=621) with EM who had failed 1 or 2 previous migraine preventive treatments, due to lack of efficacy and/or tolerability, were randomised (2:1) to monthly erenumab or a daily oral preventive as per local treatment guidelines and physician's choice. Treatment switch to locally approved oral SoC preventive treatment was allowed for patients in both arms. The present post hoc analysis used data from patients who switched treatment at least once during the trial to assess switching characteristics, the mean number of switches per patient and the relationship of treatment switches to patient outcomes at Month 12.

Image:

Figure: Change from baseline in cumulative average monthly migraine days by visits (a) erenumab completers versus SoC completers; (b) erenumab completers versus switchers; (c) SoC completers versus switchers (Full analysis set)



Results: In total, 86.9% (359/413) of patients in the erenumab arm and 37.5% (78/208) in the SoC arm completed the study on initially assigned treatment (completers). Overall, 81 patients switched from the initially assigned treatment (switchers); 11.1% (9/81) in the erenumab arm and 88.9% (72/81) in the SoC arm. Among the switcher population, 4.9% switched to the same treatment category and 83.9% to a different category. Of all the patients who switched, a mean

(SD) of 1.25 (0.51) switches were observed per patients. Statistically significant improvements in average cumulative (SE) monthly migraine day (MMD) from baseline at Month 12 were reported in erenumab completers vs SoC completers (-1.67 [0.35]; $p < 0.001$) and in erenumab completers vs switchers (-2.80 [0.43]; $p < 0.001$). No significant difference was observed in SoC completers vs switchers (-1.12 [0.56]; $p = 0.046$) (Figure).

Conclusion: Patients who switched were predominantly from the SoC arm. Switchers had less favourable outcomes than completers and patients initially assigned to the erenumab arm were more likely to complete 12 months on the initially assigned treatment. At any timepoint during the study, the reduction in MMDs from baseline was significantly better for erenumab completers compared to both SoC completers and switchers.

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