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Treatment Satisfaction with Erenumab in the US from the Patient Perspective: A Cross-sectional Analysis of the National Health and Wellness Survey data

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Disclosures: Purnima Pathak, Santosh Tiwari, and Roshani Shah are employees of Novartis. Juanzhi Fang, Pamela Vo, Andy Cheadle, and Matias Ferraris are employees and own stock in Novartis. Jennifer Ken-Opurum, Leiyu Yue, and Shaloo Gupta are employees of Kantar. This study was funded by Novartis Pharma AG, Switzerland.

Background and Methods

Background

- Erenumab (erenumab-aooe in the United States [US]; Aimovig®) is approved in the US for the preventive treatment of migraine in adults[1]. While the therapeutic benefits of erenumab have been well established in clinical trials[2-4], data corroborating the real-world benefits of erenumab are not yet well-demonstrated
- The aim of this cross-sectional study was to assess patient-reported treatment satisfaction among migraine patients initiating erenumab in the US

Methods

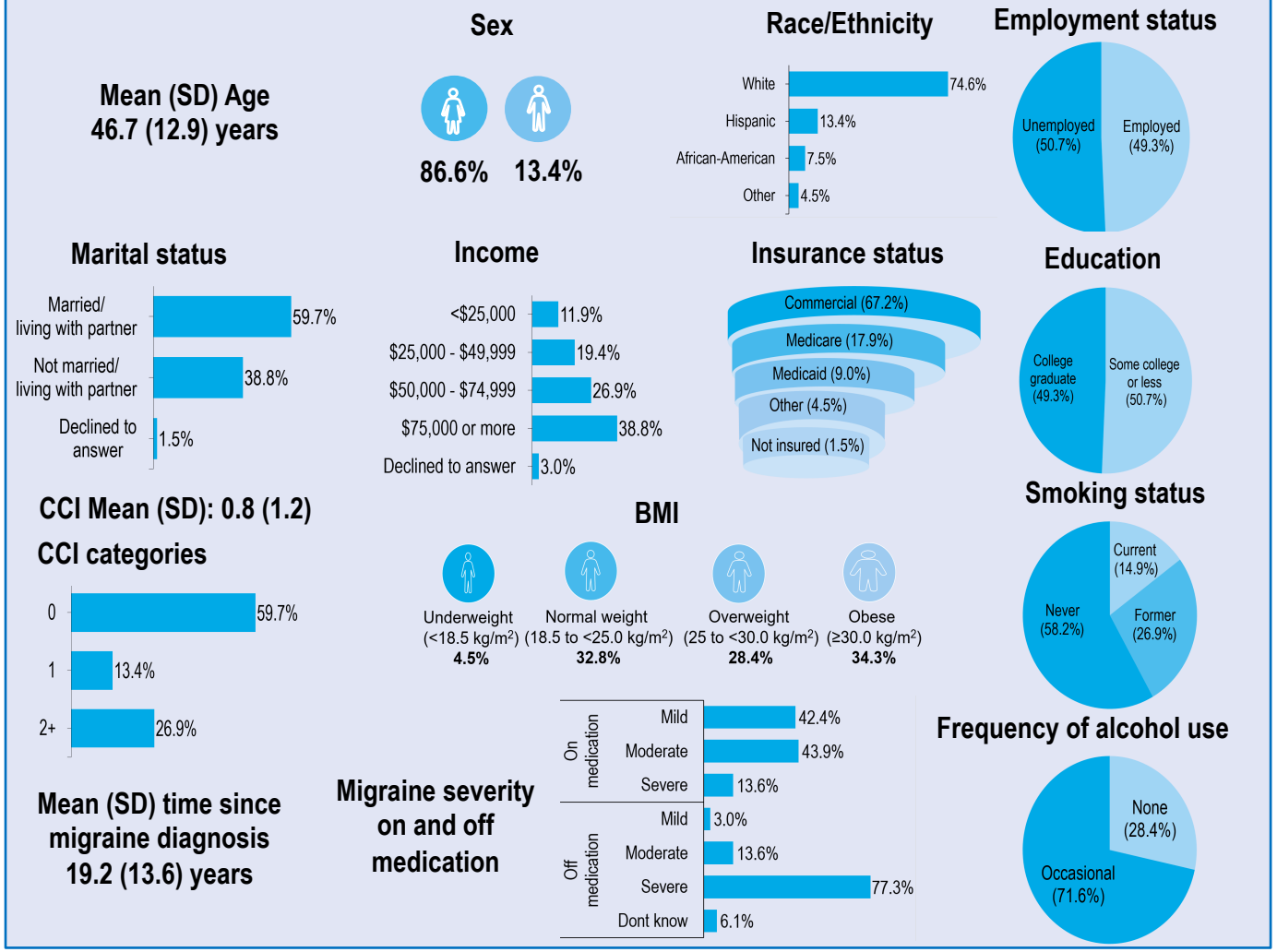
- **Data Source:** Data were collected from the 2019 US National Health and Wellness Survey during March-July 2019
- **Study Population**
  - Adults (≥18 years)
  - Self-reported physician diagnosis of migraine and currently using erenumab with or without other migraine preventives (onabotulinumtoxinA and/or standard of care, including divalproex sodium, topiramate, propranolol, and amitriptyline]) for up to 1 year
- **Study Measures**
  - Demographics and general health clinical characteristics were assessed at the time of survey participation
  - Patient-reported treatment satisfaction was assessed on a seven-point Likert scale (1=extremely dissatisfied to 7=extremely satisfied). Data were further stratified and analyzed by duration of erenumab treatment
  - Descriptive statistics were used to summarize all study variables. Data were summarized using frequency counts and percentages for categorical variables and mean and standard deviation for continuous variables

1. Aimovig™ (erenumab-aoee) injection (https://www.accessdata.fda.gov/drugsatfda_docs/nda/2018/761077Orig1s000TOC.cfm); **2.** Goadsby PJ, et al. *NEJM.* 2017;377:2123–32; **3.** Tepper S, et al. *Lancet Neurol.* 2017;16(6):425–34; **4.** Reuter U, et al. *Lancet.* 2018;392(10161):2280–7

Results

- At the time of the survey, 67 reported using erenumab treatment* for up to 1 year
- Respondents' characteristics are summarized in **Figure 1**
- Out of 67 respondents,
  - 11 (16.4%) received treatment for <3 months
  - 23 (34.3%) received treatment for 3 to <6 months
  - 33 (49.3%) received treatment for 6 to 12 months
- Among 67 respondents, 46 received erenumab exclusively with no other preventives (hereafter referred as erenumab monotherapy group). Of these,
  - 8 (17.4%) received erenumab for <3 months
  - 14 (30.4%) received erenumab for 3 to <6 months
  - 24 (52.2%) received erenumab for 6 to 12 months

Figure 1. Characteristics of Erenumab users* (N=67)



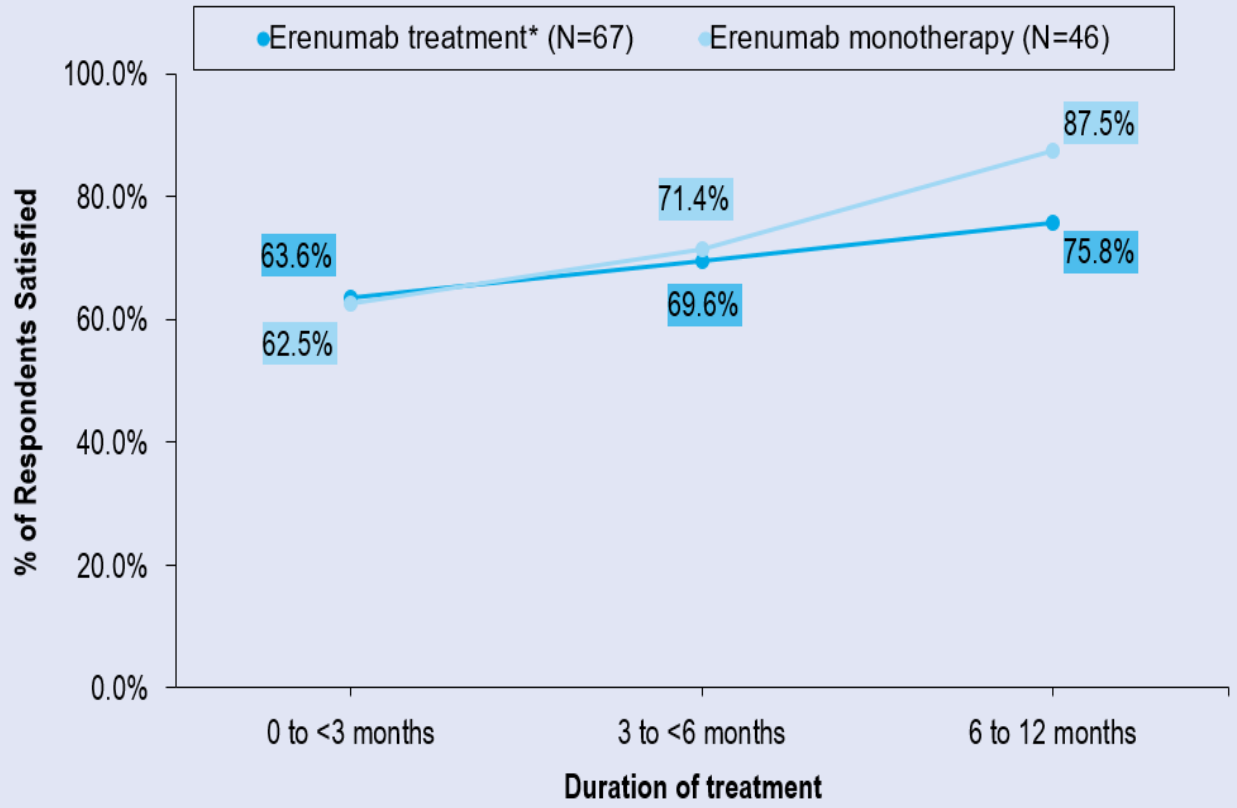
Abbreviations: BMI, body mass index; CCI, Charlson comorbidity index; SD, standard deviation

*Erenumab with or without other migraine preventives (onabotulinumtoxinA and/or SoC such as divalproex sodium, topiramate, propranolol, and amitriptyline)

Results and Conclusions

- Overall, 71.6% (48/67) of respondents initiating erenumab treatment* were satisfied with their treatment
- In the erenumab monotherapy group, 78.3% (36/46) of respondents were satisfied with erenumab
- Across both groups, the percentage of respondents satisfied with erenumab was slightly higher among those with longer treatment duration **(Figure 2)**

Figure 2. The percentage of respondents satisfied with erenumab up to one-year duration of treatment



Notes: Percentages were calculated based on the number of respondents with different treatment duration
Erenumab treatment*: 0 to <3 months (n=11); 3 to <6 months (n=23); 6 to 12 months (n=33)
Erenumab monotherapy: 0 to <3 months (n=8); 3 to <6 months (n=14); 6 to 12 months (n=24)

Conclusions

- Results demonstrated high levels of patient-reported treatment satisfaction with erenumab. These initial findings support erenumab as a valuable preventive treatment option for migraine in real-world practice

*Erenumab with or without other migraine preventives (onabotulinumtoxinA and/or SoC such as divalproex sodium, topiramate, propranolol, and amitriptyline)