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Migraine Preventive Therapy

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How effective is erenumab for patients with chronic migraine who failed onabotulinum toxin type A as prophylactic treatment?

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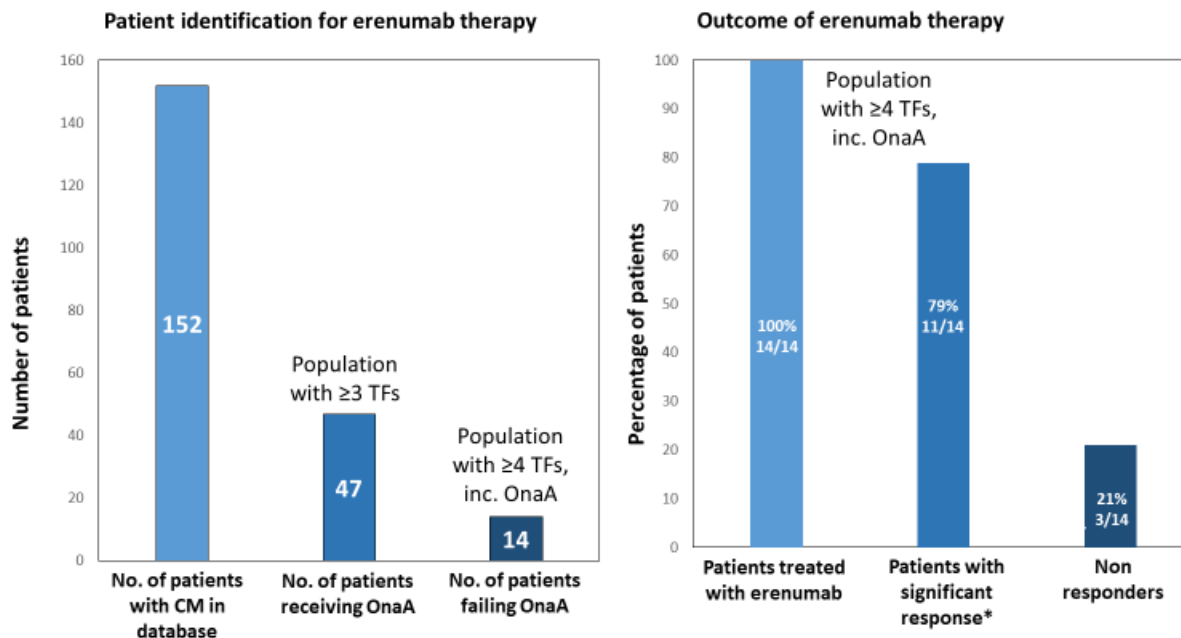
Objective: In this single-center, retrospective database study, the efficacy and safety of erenumab was assessed in patients with chronic migraine (CM) who had failed prophylactic onabotulinum toxin type A and at least three other previous prophylactic treatments.

In the Netherlands, national guidelines recommend topiramate as the first-line prophylactic therapy for CM (ICHD-III), with onabotulinum toxin type A recommended as second-line therapy. However, reimbursement for onabotulinum toxin type A requires failure of at least three prior prophylactic treatments. Since November 2018, CM patients in the Netherlands failing at least four prophylactic treatments (beta-blockers, candesartan, topiramate, valproic acid and onabotulinum toxin type A) have had access to erenumab through a Managed Access Program (MAP).

Following both national guidelines and reimbursement requirements means that patients eligible for erenumab under the MAP have failed onabotulinum toxin type A and at least three other prophylactic treatments.

Methods: Of 152 (100%) patients with CM identified in our database, 47 (31 %) were treated with approved and reimbursed onabotulinum toxin type A. Of this group, 33 (70%) were successfully treated (i.e. satisfying criteria relating to reduction in the number of headache days, Headache Impact Test (HIT)/Migraine Disability Assessment (MIDAS) score, and anamnestic wellbeing). Fourteen patients (30%) did not improve. Diagnosis of CM was reconfirmed in this group of 14 patients prior to initiation of treatment with erenumab.

Image:



*TBC
CM, chronic migraine; inc., including; OnaA, onabotulinum type A; TF, treatment failure

Results: At the end of 3 months follow up, there was a significant improvement in 11 of the 14 (79%) erenumab-treated patients, while 3 (21%) discontinued through lack of efficacy. There were no discontinuations due to adverse events.

Conclusion:

Erenumab is a therapeutic option for migraine prophylaxis even in patients with CM who have failed multiple lines of prophylactic therapy, including onabotulinum toxin type A. Between November 2018 and the end of June 2019 this center has successfully treated 44 of 47 (94%) patients with CM who fulfilled the inclusion criteria for this new prophylactic treatment.

Disclosure of Interests: Consulting, boards and presentations for Allergan, Lilly, Novartis