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Efficacy of Fremanezumab in Migraine Patients With Medication Overuse and Documented Inadequate Response to 2-4 Classes of Migraine Preventive Treatments: Subgroup Analysis of the Randomized, Placebo-controlled FOCUS Study

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CONCLUSIONS

- **Fremanezumab provided early and sustained reductions in monthly migraine days and headache days of at least moderate severity versus placebo in migraine patients with medication overuse and documented inadequate response to 2 to 4 classes of migraine preventive medications**
- **As patients were not counseled about medication overuse or advised to reduce acute medications, the reductions in migraine and headache days seen in this study suggest that patients with medication overuse may not need to be weaned off offending acute medications to obtain clinically meaningful responses to fremanezumab**

INTRODUCTION

- Patients who overuse acute medications for migraine generally experience more migraine days, greater migraine severity, and more severe pain intensity[1]
  - Given the increased disease burden for patients with migraine and acute medication overuse, there is a need for effective preventive medications in this population
- Fremanezumab, a fully humanized monoclonal antibody (IgG2Δa) that selectively targets calcitonin gene-related peptide (CGRP),[2] has proven efficacy for preventive treatment of migraine in adults[3,4]
- The FOCUS study (ClinicalTrials.gov Identifier: NCT03308968) of fremanezumab was the first and largest study of a migraine preventive treatment in a population of adults with difficult-to-treat migraine and documented inadequate response to 2 to 4 classes of migraine preventive medications

OBJECTIVE

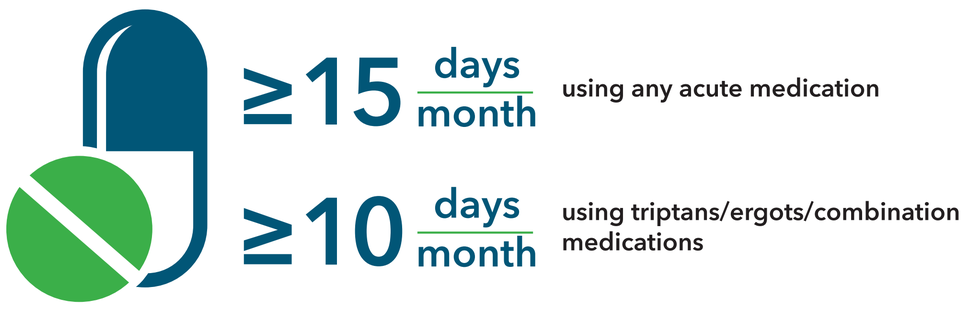
- To evaluate efficacy, based on reductions in migraine and headache days, in a subgroup of patients from the FOCUS study with medication overuse (use of any acute medication on ≥15 days/month or triptans/ergots/combination medications on ≥10 days/month) at baseline

METHODS

Patients

- This study included adult patients with episodic migraine (EM) or chronic migraine (CM) with documented inadequate response to 2 to 4 classes of prior migraine preventive medications
- This subgroup analysis included patients with medication overuse at baseline (**Box 1**)
- Patients in this subgroup analysis were not detoxified or educated/counseled about the risk of medication overuse

Box 1. Definition of Medication Overuse



Study Design

- International, multicenter, randomized, double-blind, placebo-controlled, phase 3 study
- Included a screening visit; 28-day run-in period; 12-week, double-blind, placebo-controlled treatment period; and 12-week, open-label treatment period
- During the double-blind period, patients were randomized (1:1:1) to subcutaneous (SC) quarterly fremanezumab (Months 1, 2, 3: 675 mg, placebo, placebo), SC monthly fremanezumab (Months 1, 2, 3: 225 mg [EM]/675 mg [CM], 225 mg, 225 mg), or matched monthly placebo

Study Assessments

- In patients with medication overuse at baseline, changes from baseline in the monthly average number of migraine days and headache days of at least moderate severity at 4 weeks and during 12 weeks of double-blind treatment versus placebo were evaluated

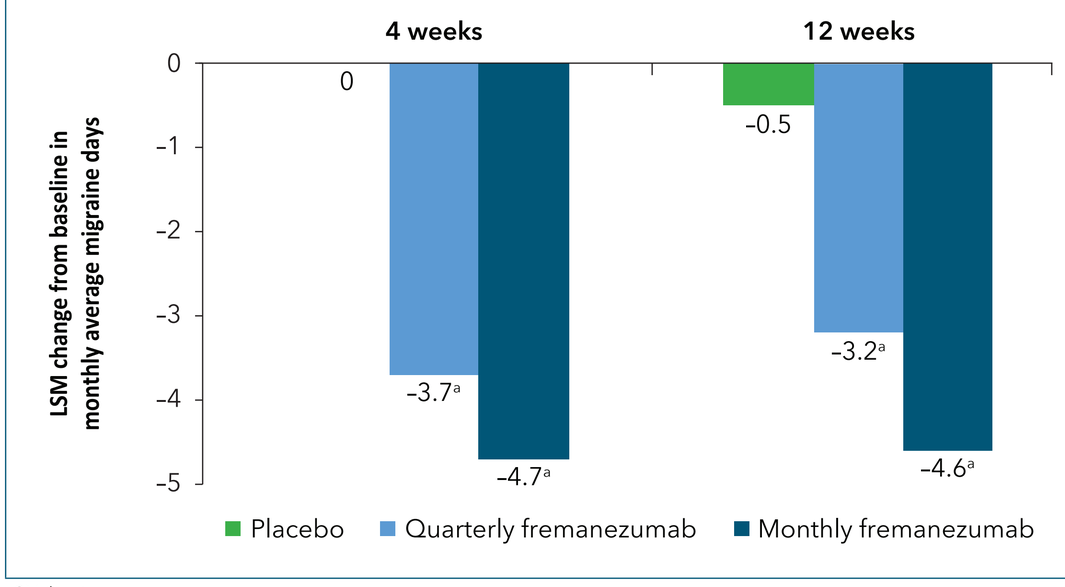
RESULTS

Patients

- Subgroup analysis population (patients with medication overuse), n = 435 (placebo, n = 134; quarterly fremanezumab, n = 152; monthly fremanezumab, n = 149)
- In this subgroup of patients with medication overuse, the monthly average number of migraine days at baseline was: placebo, 17.6 days; quarterly fremanezumab, 16.6 days; monthly fremanezumab, 16.3 days

Efficacy in Patients With Medication Overuse

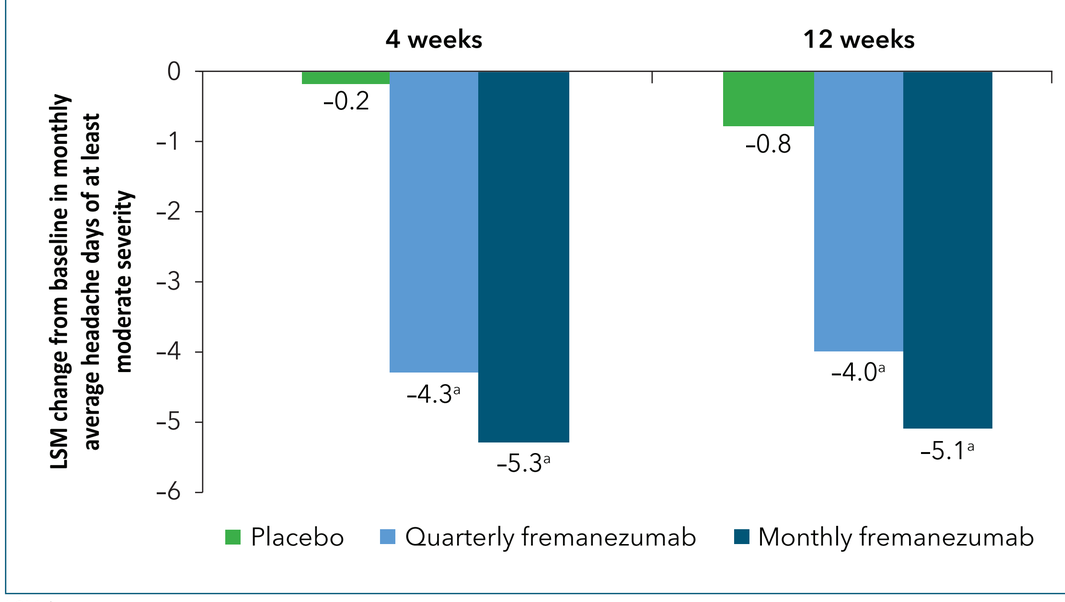
Figure 1. In patients with medication overuse, change from baseline versus placebo in monthly average migraine days at 4 weeks and after 12 weeks.



LSM, least-squares mean.
[a]*P* ≤0.0001 versus placebo.

- In patients with medication overuse at baseline, both fremanezumab regimens significantly reduced the monthly average number of migraine days versus placebo (**Figure 1**)

Figure 2. In patients with medication overuse, change from baseline versus placebo in monthly average headache days of at least moderate severity at 4 weeks and after 12 weeks.



LSM, least-squares mean.
[a]*P* ≤0.0001 versus placebo.

- In this subgroup of patients with medication overuse at baseline, fremanezumab significantly reduced the monthly average number of headache days of at least moderate severity versus placebo (**Figure 2**)

References

1. Schwedt TJ, et al. *J Headache Pain*. 2018;19(1):38.
2. Walter S, Bigal ME. *Curr Pain Headache Rep*. 2015;19(3):6.
3. Dodick DW, et al. *JAMA*. 2018;319(19):1999-2008.
4. Silberstein SD, et al. *N Engl J Med*. 2017;377(22):2113-2122.

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Disclosures

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