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# Patient Preference for Dosing Regimen and Perception of Dosing Flexibility With Fremanezumab for Migraine: Results From a Patient Survey Following Completion of a 1-year Extension Study

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### CONCLUSIONS

- More than two-thirds of patients expressed a preference for quarterly over monthly fremanezumab, regardless of the dosing regimen received during the extension study, which is relevant for clinical decision makers involved in treatment selection
- Although a majority of patients preferred quarterly dosing, they also valued having a choice of dosing frequency, highlighting that patients highly value having flexible dosing options with fremanezumab therapy
- Results of this survey may be limited by recall and participation bias; however, the sample was representative of the overall treatment population, and results were similarly distributed regardless of diagnosis (chronic migraine [CM] vs episodic migraine [EM]) or dosing regimen received (quarterly vs monthly)

### **OBJECTIVES**

- Fremanezumab is a fully humanized monoclonal antibody (IgG2 $\Delta$ a) that selectively targets calcitonin gene-related peptide (CGRP)
  - Approved for the preventive treatment of migraine in adults<sup>1</sup>
- A 52-week extension study evaluated the long-term safety and efficacy of fremanezumab
- A retrospective, web-based questionnaire was used to evaluate patient dosing preferences and perceptions of dosing options for fremanezumab in a subpopulation of patients who completed the 52-week extension study

### **METHODS**

#### Study Design

- In the 52-week extension study, adults ≥18 years of age with CM or EM were randomized to the following:
  - Quarterly fremanezumab (675 mg)
  - Monthly fremanezumab (225 mg)
    - Some CM patients received a loading dose of 675 mg of fremanezumab in the monthly arm
- During the extension study, all patients were blinded to the treatments they were receiving
- Patients were recruited at 41 extension study sites in the United States to participate in the retrospective survey
  - After consenting to participate, patients were directed to an online web survey

### **Study Assessments**

- Patients completed an online patient experience survey (~20-40 minutes)
- As part of that retrospective survey, patients reported dosing preferences and perceptions of the value of flexible dosing based on the questions shown in Table 1

#### Table 1. Survey Questions and Response Options to **Evaluate Dosing Preferences and Perceptions**

On a scale of 0 to 10, where 0 is very much harder and 10 is very much easier, how much harder or easier would it be to take your medicine regularly as prescribed by your doctor if you had the flexibility to select either monthly or every 3 month injections?

Very										Very	
much		No								much	
harder				(	differenc	е				easier	
0	1	2	3	4	5	6	7	8	9	10	

If the effectiveness was similar no matter which option you choose, would you rather take the injectable migraine medicine once a month or once every 3 months?

- □ Monthly
- ☐ Once every 3 months

On a scale of 0 to 10, where 0 is significantly less value and 10 is significantly more value, how much more valuable to you is the flexibility of taking your injection either once a month or once every 3 months after discussing with your doctor?

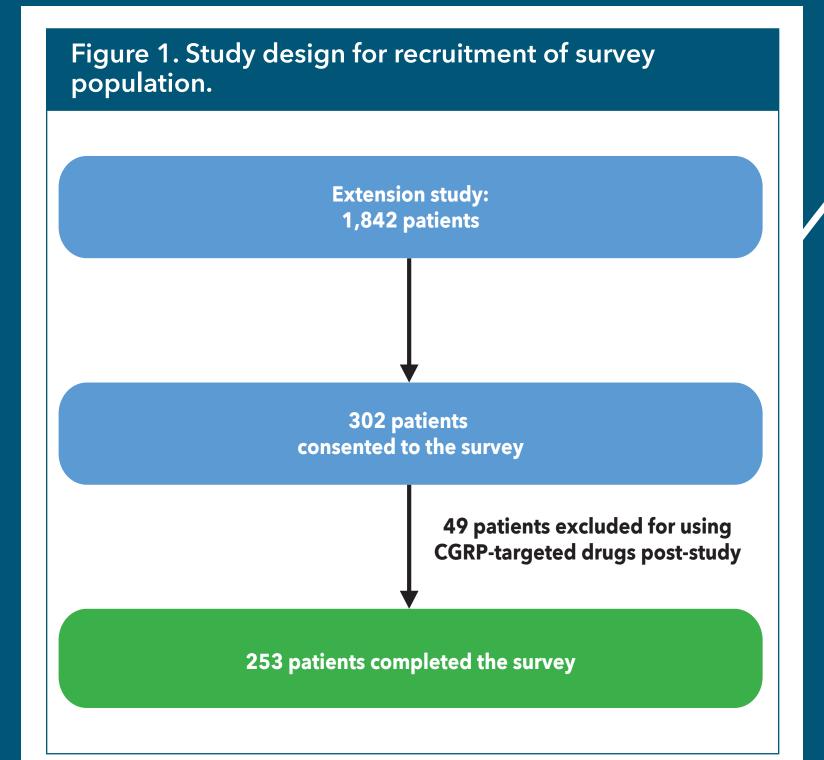
Significantly				No							Significantly	
less value				difference							more value	
	0	1	2	3	4	5	6	7	8	9	10	

### **RESULTS**

### **Patient Characteristics**

- 253 patients from the extension study completed the survey (Figure 1)
  - Quarterly fremanezumab, n = 131; monthly fremanezumab, n = 122

- All patients received active treatment during the extension study; 134 patients also received fremanezumab during a prior phase 3 study
- Patients completed the survey 1 to 24 months after their last study visit in the extension study
- Demographic and baseline characteristics were well balanced across treatment groups and were representative of the general migraine population (**Table 2**)



CGRP, calcitonin gene-related peptide.

### Preference for and Perception of Dosing

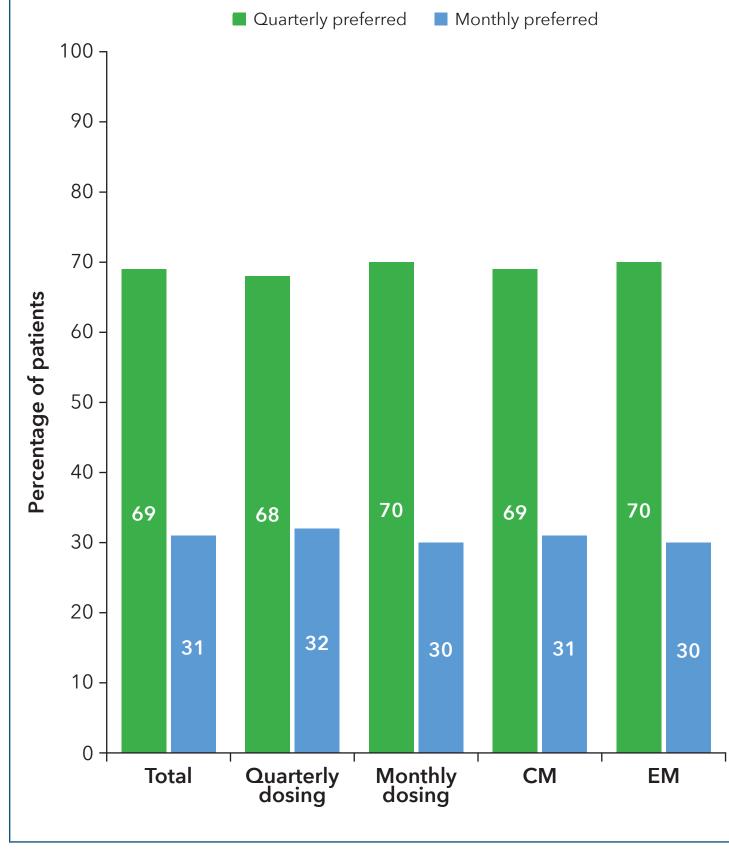
- The majority of patients preferred quarterly fremanezumab over monthly fremanezumab, regardless of dosing regimen received during the extension study (quarterly or monthly) or migraine classification (CM or EM; Figure 2)
- Most patients believed that having dosing flexibility makes it easier to adhere to migraine medication (Figure 3A) and adds value to this migraine treatment (Figure 3B)

Table 2. Demographic and Baseline Characteristics

Characteristic	Quarterly fremanezumab (n = 131)	Monthly fremanezumab (n = 122)
Female, n (%)	120 (92)	104 (85)
Mean (SD) age, years	47.3 (10.9)	44.7 (12.2)
White/Caucasian, n (%)	103 (79)	107 (88)
Employment/school status, n (%)		
Full time	82 (63)	77 (63)
Part time	24 (18)	25 (20)
Not employed for pay	25 (19)	18 (15)
Student	8 (6)	17 (14)

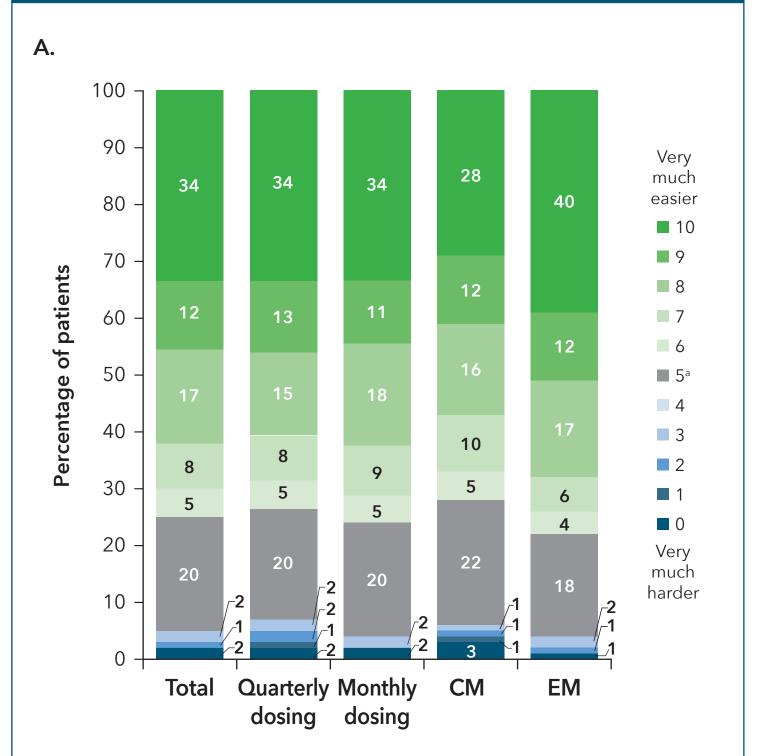
SD, standard deviation.

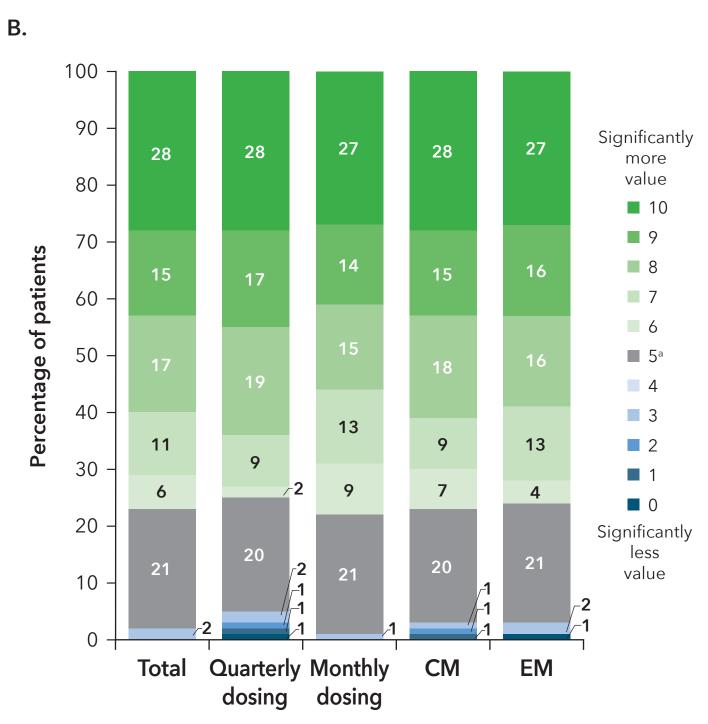
### Figure 2. Dosing preference for fremanezumab.



CM, chronic migraine; EM, episodic migraine.

Figure 3. Patient perceptions of A) the impact of dosing flexibility on the ease of taking a migraine preventive treatment as prescribed and B) the value of having dosing flexibility to allow taking the injection quarterly or monthly.





CM, chronic migraine; EM, episodic migraine. <sup>a</sup>No difference.

### Reference

1. AJOVY® (fremanezumab-vfrm) injection, for subcutaneous use [prescribing information]. Teva Pharmaceuticals USA, Inc.: North Wales, PA; 2019.

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