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Patient Preference for and Satisfaction With Fremanezumab Following Completion of a 1-year Extension Study

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CONCLUSIONS

- **Fremanezumab was consistently and highly preferred to prior preventive medications, primarily due to reductions in migraine frequency and pain intensity**
- **Most patients preferred fremanezumab injection versus onabotulinumtoxinA injection**
- **Limitations: Though the survey study sample was representative of the overall trial patient population, potential bias due to recall and higher likelihood of being in the trial (and study) after failing prior therapies may exist. The study results may be interpreted after considering these aspects**

INTRODUCTION

- Fremanezumab, a fully humanized monoclonal antibody (IgG2Δa) that selectively targets calcitonin gene-related peptide (CGRP),[1] has proven efficacy for preventive treatment of migraine in adults[2,3]
- A 52-week extension study evaluated the long-term safety and efficacy of fremanezumab

OBJECTIVE

- Patient preferences for and satisfaction with fremanezumab and prior preventive medications were evaluated retrospectively as part of a web-based questionnaire in a subpopulation from the extension study

METHODS

Study Design

- In the 52-week extension study, adults ≥18 years of age with episodic migraine (EM) or chronic migraine (CM) were randomized, as follows:

Quarterly fremanezumab (675 mg)	Monthly fremanezumab (225 mg)*

*Some CM patients received a loading dose of 675 mg fremanezumab in the monthly arm.

- All patients were blinded to treatment received during the extension study
- Patients were recruited at 41 US extension study sites

Study Assessments

- From 1 to 24 months after the last extension study visit, patients completed an online patient experience survey (~20-40 minutes)
- Patients reported types, duration, and sequence of prior migraine preventive medications used within the 5 years before entering fremanezumab clinical trials
- Patients reported satisfaction with prior preventive medication(s), preference for fremanezumab versus prior migraine preventive medication(s), and reasons for preference (**Table 1**)
  - Patients also reported preferred injection experience with fremanezumab versus onabotulinumtoxinA, if relevant

Table 1. Survey Questions and Response Options to Patient-reported Satisfaction With and Preferences for Prior Migraine Preventive Medication(s)

Using a 7-point scale, where 1 means "extremely dissatisfied" and 7 means "extremely satisfied," how satisfied or dissatisfied were you with the ability of *[prior migraine preventive medication]* to prevent or treat your migraine attacks?

Extremely dissatisfied			Neither dissatisfied nor satisfied			Extremely satisfied
1	2	3	4	5	6	7

Overall, which medicine did you prefer more, the injectable medicine you received as part of the clinical trial or *[prior migraine preventive medication]*?

Why did you prefer this medicine? (Choose all that apply.)

- ☐ Better at reducing attack frequency
- ☐ Better at reducing migraine pain intensity
- ☐ Better at reducing attack duration
- ☐ Better at reducing migraine-associated symptoms (like nausea, light & sound sensitivity)
- ☐ Better at reducing migraine-associated disability (ability to work and participate in activities)
- ☐ Caused less side effects
- ☐ More convenient
- ☐ Other

You indicated that you've used Botox, or botulinum toxin, in the past. Thinking about your experience with the injections for the experimental medicine in the TV48125-CNS-30051 clinical trial and for Botox, which injection experience was more favorable?[a]

Injection in clinical trial was more favorable			Both injections had a similar experience			Botox injection was more favorable
1	2	3	4	5	6	7

[a]Only completed by patients who had previously received onabotulinumtoxinA for migraine.

RESULTS

Patients

- 253 patients completed the survey 1 to 24 months after the last extension study visit
- All patients received fremanezumab during the extension study, with 134 also receiving fremanezumab during prior phase 3 (HALO EM and HALO CM) trials
- Patient population:

Women 89% (224/253)	Age, mean (SD) 45.5 (11.6) years

- 145 (57%) patients tried ≥1 migraine preventive medication (protocol allowed ≤3) before entering fremanezumab clinical trials (**Figure 1**)

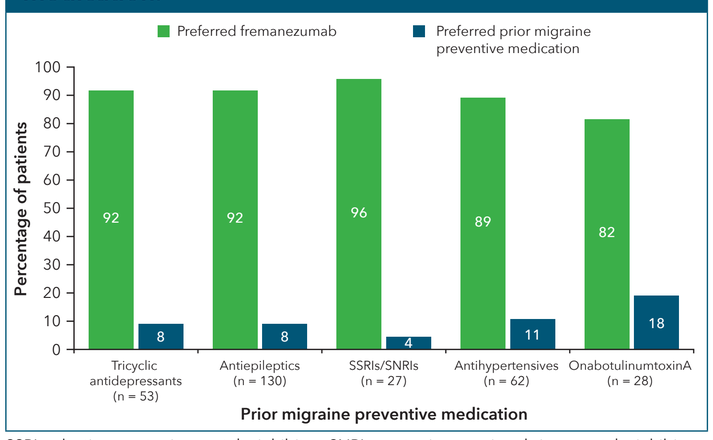
Figure 1. Previously used migraine preventive medications by therapeutic category.

Tricyclic antidepressants 24%	SSRIs/SNRIs 11%	Antiepileptics 53%	Antihypertensives 35%	OnabotulinumtoxinA 13%
• Nortriptyline	• Venlafaxine	• Topiramate	• Candesartan	
• Amitriptyline	• Bupropion HCl	• Valproate	• Atenolol	
• Imipramine		• Carbamazepine	• Cyproheptadine	
		• Clonidine	• Lisinopril	
		• Divalproex	• Metoprolol	
			• Nadolol	
			• Nebivolol	
			• Pindolol	
			• Propranolol	
			• Timolol	

SSRI, selective serotonin reuptake inhibitor; SNRI, serotonin norepinephrine reuptake inhibitor.

Patient Preference for and Satisfaction With Fremanezumab Versus Prior Migraine Preventive Medications

Figure 2. Proportion of patients reporting preference for fremanezumab versus prior migraine preventive medication.



SSRI, selective serotonin reuptake inhibitor; SNRI, serotonin norepinephrine reuptake inhibitor.

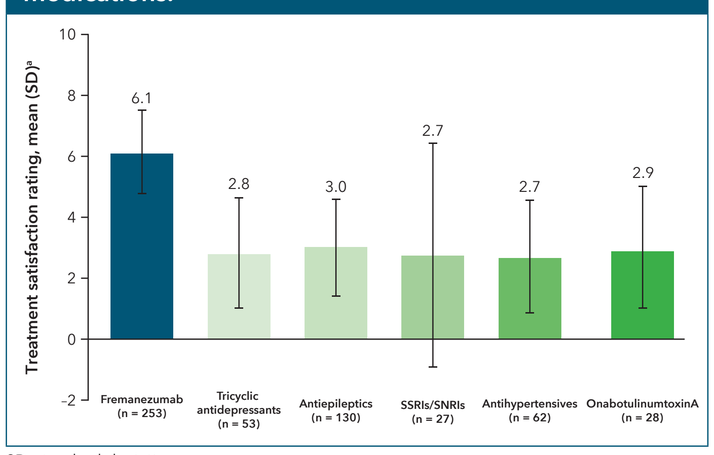
- The majority of patients preferred fremanezumab versus prior medication (**Figure 2**). Greater reduction in attack frequency, intensity, and duration were the top 3 reasons for greater preference for fremanezumab treatment (**Table 2**)

Table 2. Reasons Patients Preferred Fremanezumab by Category of Prior Migraine Preventive Medication

Prior preventive treatment	Tricyclic antidepressants	Antiepileptics	SSRIs/SNRIs	Antihypertensives	Onabotulinum-toxinA
Reason for preventive medication preference, %	**Preferred fremanezumab (n = 49)**	**Preferred fremanezumab (n = 119)**	**Preferred fremanezumab (n = 26)**	**Preferred fremanezumab (n = 55)**	**Preferred fremanezumab (n = 23)**
Reduces attack frequency	82	84	77	87	78
Reduces migraine intensity	78	75	65	69	74
Reduces attack duration	65	68	58	58	61
Reduces migraine-associated symptoms	61	60	58	49	61
Reduces migraine-associated disability	55	62	62	55	61
Causes less side effects	67	66	46	40	35
More convenient	39	38	35	42	35
Other	0	1	8	0	9

SSRI, selective serotonin reuptake inhibitor; SNRI, serotonin norepinephrine reuptake inhibitor.

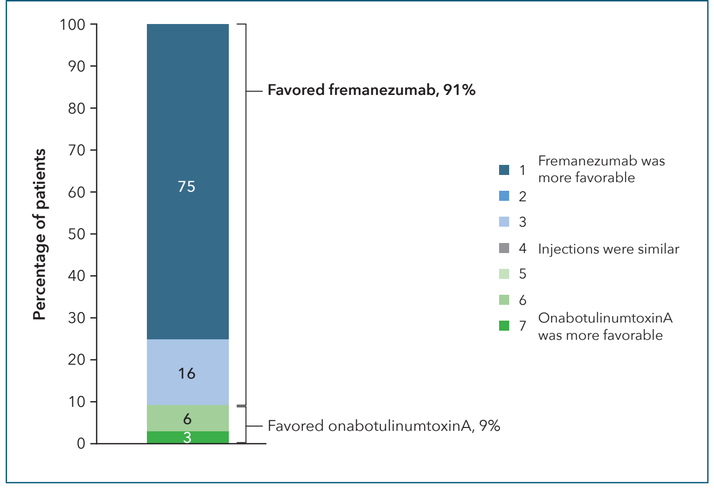
Figure 3. Treatment satisfaction scores (on a 7-point scale) with fremanezumab and prior migraine preventive medications.[a]



SD, standard deviation.
[a]Treatment satisfaction was rated on a 7-point scale; 1 = extremely dissatisfied, 7 = extremely satisfied.

- Treatment satisfaction with fremanezumab was higher than with other prior migraine preventive medications (**Figure 3**)

Figure 4. Patients favoring fremanezumab injection experience or onabotulinumtoxinA injection experience.



- Of patients with prior onabotulinumtoxinA use, 91% favored the injection experience with fremanezumab (**Figure 4**)

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