

EARLY EXPERIENCES IN SWITCHING BETWEEN MONOCLONAL ANTIBODIES IN CHRONIC MIGRAINE PREVENTIVE THERAPY

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Background and Importance

Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP-mAbs) are approved for **chronic migraine (CM)** prophylaxis in patients with previous treatment failures. Some patients do not respond to a first CGRP-mAb treatment, but there is no evidence about the effectiveness of **switching** to a second CGRP-mAbs. In Spain, these treatments are only dispensed in **outpatient hospital pharmacies**.

Aim and Objectives

To describe the **effectiveness** of CGRP-mAbs (erenumab and galcanezumab) **switching** in CM prophylaxis in clinical practice.

Materials and Methods

- ✓ Observational and retrospective study
- ✓ Patients with CM treated with a CGRP-mAb and switched to another CGRP-mAb

Clinical variable:

- ✓ Monthly Migraine Days (MMD)
- ✓ Score of Headache Impact Test (HIT-6)

Study period:

- ✓ Aug 2020 – Sep 2021

Effectiveness

- ≥50% decrease of MMD compared with baseline
- ≥30% decrease of MMD + ≥5 point's decrease of the HIT-6 compared with baseline

Results

N = 20 patients

Reasons for treatment switching:

- Non-response to first CGRP-mAb (15 patients)
- Adverse events (5 patients) → severe constipation in patients treated with erenumab

Median duration of first CGRP-mAb treatment: 7.8 (5.0 – 9.7) months

	Erenumab → Galcanezumab	Galcanezumab → Erenumab	MMD (%)
Total patients (n)	14	6	-
✓ Effectiveness to CGRP-mAb switch	10	3	-22.6 (12 -40)
✗ Effectiveness to CGRP-mAb switch	2	2	+14.7 (12.5 – 17.8)
⊞ No response to any CGRP-mAb	2	1	-

Any patient presented unacceptable toxicity to the second CGRP-mAb treatment.

Conclusions and relevance

- ✓ Some patients with chronic migraine and failure to a first monoclonal antibody treatment **may benefit** from switching between antibodies with same mechanism of action.
- ✓ **More studies** are needed to describe which patients respond to CGRP-mAB switching.