

EFFECTIVENESS AND SAFETY MONOCLONAL ANTIBODY SWITCHING IN MIGRAINE PATIENTS

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Background and Importance

Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP-mAbs) are used in the prophylaxis of migraine. The therapeutic target is not exactly the same as Erenumab targets the CGRP receptor, whereas Galcanezumab and Fremanezumab target circulating CGRP. However, their relative effects in patients with prior migraine treatment failure remains uncertain.

Aim and Objectives

To describe the use, effectiveness and safety of CGRP-mAbs switching in patients with migraine

Material and Methods

- ✓ Retrospective observational study: 1 September 2019 – 30 September 2022
- ✓ Data collected: sex, age, comorbidities, CGRP-mAbs prescribed, treatment duration, causes of suspensión, adverse reactions, Headache Impact Test (HIT) and Migraine Disability Assessment (MIDAS) scores, average number of migraine days per month (NMDM) and days with triptans at baseline, prior and concomitant preventive drugs.
- ✓ Data were obtained from electronic medical records and patients interviews.
- ✓ The study had been approved by the Ethics Committee. Informed consent was obtained from all participants.

Results

167 patients

→ 17,4% switched to another mAbs

- ✓ Erenumab (38%)
- ✓ Galcanezumab (31%)
- ✓ Fremanezumab (31%)

- ✓ Average number of migraine days per month: 15 ± 7.7 days
- ✓ 31.0% patients used triptans ≥ 7 days/month
- ✓ All patients had > 3 prior treatments
- ✓ Median treatment duration of the second line: 5(3.3-7) months

Concomitant treatment	%
Preventive drugs	75.8
Botulinum toxin	13.8

Migraine	%
Chronic	77.4
High-frequency episodic	22.6

Comorbidities	%
Anxious-depressive syndrome	19.3
Fibromyalgia	12.9

Discontinuation	%
Ineffectiveness	75.9
Adverse reactions	24.1

Fifteen patients (51.7%) switched to a third line

- ✓ Erenumab (6.6%)
- ✓ Galcanezumab (60.0%)
- ✓ Fremanezumab (33.4%)

- ✓ The retention rate after the second switch: 93.3%
- ✓ No adverse reaction werw observed
- ✓ Median treatment duration of the third line: 4(1.7-4) months

Conclusion and Relevance

Some migraine patients who did not respond to a first drug responded to the switch, however half of them need to switch to a third mAb. Treatment with mAbs can be considered safe.

