

EFFICACY OF ANTI-CALCITONIN GENE RELATED PEPTIDE THERAPIES IN CHRONIC MIGRAINE: AN INDIRECT TREATMENT COMPARISON.

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BACKGROUND AND IMPORTANCE

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Several treatments targeting the calcitonin gene-related peptide (CGRP) pathway are used for the prevention of chronic migraine (CM). There are no head-to-head comparisons of these drugs to help guide therapeutic positioning.

AIM AND OBJECTIVES

To analyse whether fremanezumab, galcanezumab, erenumab, eptinezumab and atogepant could be considered as equivalent therapeutic alternatives (ETA) in CM using an adjusted indirect treatment comparison (ITC).

MATERIALS AND METHODS:

Systematic bibliographic search
PubMed for Clinical trials:
Indirect Comparison

CM definition: 15 headache days/month,
of which 8 were migraine
Bucher method

Inclusion criteria:
-phase II/III
-randomised
-similar populations,
comparator, follow-up
period and CM definition.

Efficacy endpoint: 50% reduction in
migraine days/month (*measured
after 12 weeks of treatment*)
 Δ : 7.5%
(*half of the absolute risk reduction
(ARR) obtained in the meta-analysis
of RCTs used for the ITC*)

RESULTS/KEY FINDINGS

Five randomized CTs were finally selected, one per treatment

The rest were not included in the ITC because they did not meet the inclusion criteria

CT	Arm of CT	Proportion of patients with $\geq 50\%$ reduction in migraine days/month. ARR indirect (95% CI)
FREMANEZUMAB	QUARTERLY	-3.0% (-11.9% to 5.9%)
	MONTHLY	Reference
ERENUMAB	70 mg	-6.0% (-16.6% to 4.6%)
	140 mg	-5.0% (-15.7% to 5.7%)
EPTINEZUMAB	300 mg	-0.9% (-10.4% to 8.6%)
	100 mg	-4.8% (-14.3% to 4.8%)
ATOGEANT	30 mg	-6.1% (-18.1% to 6%)
	60 mg	-8.0% (-18.3% to 2.3%)
GALCANEZUMAB	120 mg	-10.8% (-19.6% to -2.0%)
	240 mg	-10.9% (-19.7% to -2.1%)

CONCLUSION AND RELEVANCE

- No statistically or clinically significant differences among fremanezumab, erenumab, eptinezumab and atogepant.
- Significant statistical and clinical differences were identified between galcanezumab and the other options.

