Introduction

There is a high unmet need for new effective, safe, and tolerable preventive therapies in patients who have failed existing preventive treatments. Erenumab (AMG 334), a fully human mAb, selectively targets the calcitonin gene-related peptide (CGRP) receptor. In a Phase 2, 12-week randomized, double-blind, placebo-controlled, parallel-group study, erenumab (70 mg and 140 mg) was found to be efficacious in reducing monthly migraine days (MDM) in patients with chronic migraine, and had a safety profile comparable to placebo.1

Objective

• Here, we present results from a pre-specified subgroup analysis on patients with prior prophylactic treatment failure (t1, t2, and never failed). Prior treatment failures were defined as either lack of efficacy and/or poor tolerability reported by the investigator.

Methods

Figure 1. Study schema

- Figure 2. Reduction in monthly migraine days

- Figure 3. 250% Reduction in monthly migraine days: achieved by more patients with 70 and 140 mg erenumab

- Figure 4. Treatment with erenumab 70 and 140 mg reduced monthly acute migraine-specific medication treatment days

Results

Table 1. Baseline characteristics

- Table 2. Changes in monthly acute migraine-specific medication treatment days

- Table 3. Changes in monthly acute migraine-specific medication treatment days

- Table 4. Changes in monthly acute migraine-specific medication treatment days

Disclosures

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References


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Efficacy of Erenumab (a fully human mAb targeting the CGRP receptor) in Chronic Migraine Patients with Prior Treatment Failure: A Subgroup Analysis of the Phase 2, Randomized, Double-Blind, Placebo-Controlled Study

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