# SWITCHING BETWEEN CALCITONIN GENE RELATED PEPTIDE MONOCLONAL ANTIBODIES IN THE PROPHYLAXIS OF MIGRAINE



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## BACKGROUND AND IMPORTANCE

#### Therapeutic options for migraine prevention in nonresponders patients to monoclonal antibodies (mAbs) targeting Calcitonin Gene-Related Peptide (CGRP) and its often limited. receptor are recommendations of switching between mAbs classes.

#### AIM AND OBJECTIVE

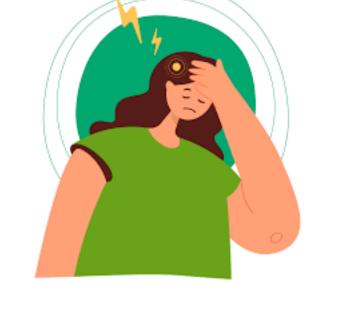
To assess the effectiveness and safety of mAb switching in non-responders migraine patients.



Switched from

### METHODS AND MATERIAL

Retrospective observational study in a tertiary hospital (1-January-2021 to 31-July-2023).



for ≥3 months, were non- responders and switched to another mAb class.

We included patients who received a first mAb

Patients were **excluded** if they switched due to side effects.

Monthly headache days (MHD) were collected to assess the ≥50% responder rates and the absolute reduction of MHD at 3 months, as well as, the absolute reduction of monthly acute medication days (AMD).



Data were recorded from electronic medical records and patients interviews. The study was approved by the Ethics Committee. Informed consent was obtained.

Switched from ligand

#### RESULTS

#### First mAb

110 patients galcanezumab (n=57)fremanezumab (n=53)

105 patients

erenumab

**24** (21,8%) switched to the CGRP-receptor mAb

**30** (28,6%) switched to a CGRP-ligand mAb

	mAb to receptor mAb	receptor mAb to
	(n=23)	ligand mAb (n=28)
Female, n(%)	21 (91,3)	27 (96,4)
Age in years, mean(SD)	44,9 (11)	46,5 (12,6)
Disease duration in years, median(IQR)	13 (8,3-18,5)	12 (8-23,3)
Diagnosis, n(%)		
High-frequency episodic migraine	2 (8,7)	10 (35,7)
Chronic migraine	21 (91,3)	18 (64,3)
Aura, n(%)	2 (8,7)	4 (14,3)
Comorbidities, n(%)		
Anxious-depressive syndrome	4 (17,4)	10 (35,7)
Fibromyalgia	2 (8,7)	1 (3,6)
Concomitant prophylaxis, n(%)	8 (34,8)	13 (46,4)
Treatment duration in months, median(IQR)	5 (3,75-7)	9 (5-11)
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The ≥50% responder rate was 40% MHD reduction: 17±7,4 to 13,8±8,7 Seven patients (35%) changed to a erenumab and CGRP-ligand mAb, respectively.

and 61,9% at 3 months with and 16±7,7 to 8,4±6,1, respectively. AMD reduction: 16,1±9,9 to 15,4±10,2 and 11,7±9,2 to 7,6±7,3

third mAb in patients that switched from ligand mAb to receptor mAb, 23,8% in the other group.

#### CONCLUSIONS AND RELEVANCE

Switching seems to be a promising treatment option especially in migraine patients that switched from CGRPreceptor mAb to CGRP-ligand mAb. However, some of them need to switch to a third mAb. More studies are needed to describe which patients will respond to CGRP-mAb switching.

