EFFECTIVENESS OF ERENUMAB AND GALCANEZUMAB IN THE TREATMENT OF MIGRAINE

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Background and importance

Migraine is a neurological disorder characterized by episodic and recurrent seizures. Erenumab and galcanezumab are two monoclonal antibodies (MA) indicated for the prophylaxis of migraine in adults. They are recently marketed drugs, so it results necessary to determine their effectiveness.

Aim and objectives

This study analyzes the effectiveness of these MA in a series of patients in a third level hospital.

Materials and methods

Retrospective observational study. Study time: January 2020-April 2021.
To start treatment, patients must be diagnosed with chronic or episodic migraine, having at least 8 migraine days per month and after having failed 3 or more previous treatments, one of them being botulinum toxin in the case of chronic migraine.
This treatment is dispensed in the outpatient consultation service of the Hospital Pharmacy after a clinical interview in which all variables are recorded.
To evaluate the effectiveness, we analyzed the number of days with migraine attacks per month and the consumption of concomitant related medication.

Results

53 patients: 49 women, 4 men.
- Diagnosis: Chronic migraine: 41 patients. Episodic migraine: 12.
- Treatment: Erenumab 140 mg: 46 patients. Erenumab 70 mg: 5. Galcanezumab 120 mg: 2.
- Received doses:
  - Galcanezumab: 6 doses: 2 patients.
  - Erenumab: 12 or more doses: 10 patients; 6-11 doses: 27; 3-5 doses: 11; less than 3 doses: 3.

The rest of the antimigraine drugs consumed were:

<table>
<thead>
<tr>
<th></th>
<th>Median number of episodes</th>
<th>Percentage of episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-treatment</td>
<td>20 (9-30)/month</td>
<td></td>
</tr>
<tr>
<td>After 3 months</td>
<td>9 (1-30)/month</td>
<td>45%</td>
</tr>
<tr>
<td>After 6 months</td>
<td>7 (0-28)/month</td>
<td>35%</td>
</tr>
<tr>
<td>After 12 months</td>
<td>13 (4-28)/month</td>
<td>65%</td>
</tr>
</tbody>
</table>

4 patients suspended treatment due to lack of effect.

No interactions with MA were identified.

Conclusion and relevance:

- The use of subcutaneous MA reduced the median of seizures per month significantly at 3 and 6 months. Although a rebound is observed at 12 months, it results difficult to assess due to the small number of patients (10).
- The consumption of other antimigraine drugs was also reduced.

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