Background and Importance

Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP-mAbs) are approved for chronic migraine (CM) prophylaxis in patients with previous treatment failures. Some patients do not respond to a first CGRP-mAb treatment, but there is no evidence about the effectiveness of switching to a second CGRP-mAbs. In Spain, these treatments are only dispensed in outpatient hospital pharmacies.

Aim and Objectives

To describe the effectiveness of CGRP-mAbs (erenumab and galcanezumab) switching in CM prophylaxis in clinical practice.

Materials and Methods

- Observational and retrospective study
- Patients with CM treated with a CGRP-mAb and switched to another CGRP-mAb

Effectiveness

- ≥50% decrease of MMD compared with baseline
- ≥30% decrease of MMD + ≥5 point’s decrease of the HIT-6 compared with baseline

Clinical variable:
- Monthly Migraine Days (MMD)
- Score of Headache Impact Test (HIT-6)

Study period:
- Aug 2020 – Sep 2021

Results

N = 20 patients

Reasons for treatment switching:
- Non-response to first CGRP-mAb (15 patients)
- Adverse events (5 patients) → severe constipation in patients treated with erenumab

Median duration of first CGRP-mAb treatment: 7.8 (5.0 – 9.7) months

<table>
<thead>
<tr>
<th>Erenumab → Galcanezumab</th>
<th>Galcanezumab → Erenumab</th>
<th>MMD (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients (n)</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Effective to CGRP-mAb switch</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Effective to CGRP-mAb switch</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No response to any CGRP-mAb</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Any patient presented unacceptable toxicity to the second CGRP-mAb treatment.

Conclusions and relevance

- Some patients with chronic migraine and failure to a first monoclonal antibody treatment may benefit from switching between antibodies with same mechanism of action.
- More studies are needed to describe which patients respond to CGRP-mAb switching.