

BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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MIGRAINE

You'll hear buzz about *Aimovig* (AIM-oh-vig, erenumab), a new biologic to PREVENT migraine in adult.

It blocks receptors for calcitonin gene-related peptide (CGRP)...a vasodilator and pain sensitizer that spikes during migraine attacks.

Expect other "CGRP antagonists" to be approved within a few months.

Patients inject *Aimovig* subcutaneously once a month in their abdomen, thigh, or upper arm.

It's well tolerated, but may cause injection site reactions.

It also seems okay for patients with CV risks. But we don't have long-term data...or much evidence in patients with a prior heart attack, stroke, etc.

Aimovig may provide one or two fewer migraine days per month versus placebo. This seems similar to first-line oral meds for migraine prophylaxis...such as beta-blockers, topiramate, or valproate.

But *Aimovig* costs about \$6,900/year and is often considered a specialty med.

Continue to recommend prophylaxis if patients need acute meds more than 2 days/week...or if migraines significantly impact quality of life.

Consider *Aimovig* when first-line oral migraine prophylaxis meds aren't enough or aren't tolerated.

Explain it's okay to add *Aimovig* to oral prophylactic meds if they provided some benefit...but there's no proof combo therapy works better.

Suggest saving *Botox* (botulinum toxin) for patients who have at least 15 migraines per month. Point out it requires 31 injections in the head and neck every three months...and costs about \$4,800/year.

See our chart, *Drugs to Prevent Migraine*, to compare options.

(For more on this topic, see Clinical Resource #340804 at PharmacistsLetter.com.)

Primary Reference – Goadsby PJ, Reuter U, Hallström Y, et al. A controlled trial of erenumab for episodic migraine. *N Engl J Med* 2017;377:2123-32.

See LEADER NOTES for answers to discussion questions.

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about prevention of episodic migraine in adults?

ANALYSIS OF NEW STUDY

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

See LEADER NOTES for answers to discussion questions.

5. What were the outcomes of this trial?

6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

D.A. is a 34-year-old female who presents with the chief complaint of headaches. She explains to you that she has had headaches since she was a teenager and describes them

See [LEADER NOTES](#) for answers to discussion questions.

as debilitating. When they occur, she takes NSAIDs and has to lie down in a dark, quiet room for several hours and often sleep them off. Any bright lights or loud noises make them worse. She also often gets nauseous with them, but only rarely vomits. When she was a teenager, she would only rarely get these headaches and it was mostly during times of stress when she wasn't sleeping well. In the last several months, they seem to be occurring more frequently and she is now getting them at least twice per week.

9. What is known about migraine headaches and abortive treatments for migraines?

Upon further discussion, D.A. explains that her employer was initially very understanding, but she feels like she is now becoming a burden to her colleagues. She additionally states that all of the NSAID use is upsetting her stomach and is very interested in preventive therapy.

10. What is known about preventive therapy for migraines?

You start D.A. on Inderal LA 80 mg daily and plan to see her back in one month to re-assess. When she returns for her follow-up visit, she explains that she only took the medicine for two weeks, and then stopped it due to fatigue and exercise intolerance. She asks what else she can take for migraine prophylaxis.

11. Is D.A. a candidate for erenumab?

See [LEADER NOTES](#) for answers to discussion questions.

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Additional Pharmacist's Letter Resources available at PharmacistsLetter.com

Chart, Drugs to Prevent Migraine. *Pharmacist's Letter/Prescriber's Letter*. August 2018.

Chart, Comparison of Oral Beta-Blockers. *Pharmacist's Letter/Prescriber's Letter*. October 2017.

Commentary, Prophylaxis of Menstrual Migraine. *Pharmacist's Letter/Prescriber's Letter*. June 2017.

PL Voices: Management of Menstrual Migraine. *Pharmacist's Letter/Prescriber's Letter*. June 2017.

Chart, Comparison of Triptans. *Pharmacist's Letter/Prescriber's Letter*. June 2017.

Chart, Cluster Headaches. *Pharmacist's Letter/Prescriber's Letter*. November 2016.

Chart, Acute Migraine Treatment in Adults. *Pharmacist's Letter/Prescriber's Letter*. November 2014.

PL Voices: Strategies for Managing Acute Migraine Headaches. *Pharmacist's Letter/Prescriber's Letter*. November 2014.

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