

AIMOVIG - HCP - Home

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Image



## **What is Aimovig® (erenumab)?**

Aimovig is indicated for prophylaxis of migraine in adults who have at least 4 migraine days per month.<sup>1</sup>

**More than one billion people worldwide suffer with migraines.<sup>2</sup> Despite a broad range of available**

**treatments, preventive medications have low adherence and high discontinuation rates.<sup>3</sup>**

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## **NICE recommendation<sup>4</sup>**

Erenumab is recommended as an option for preventing migraine in adults, only if:

- they have 4 or more migraine days a month
- at least 3 preventive drug treatments have failed
- the 140 mg dose of erenumab is used and
- the company provides it according to the commercial arrangement

Stop erenumab after 12 weeks of treatment if:

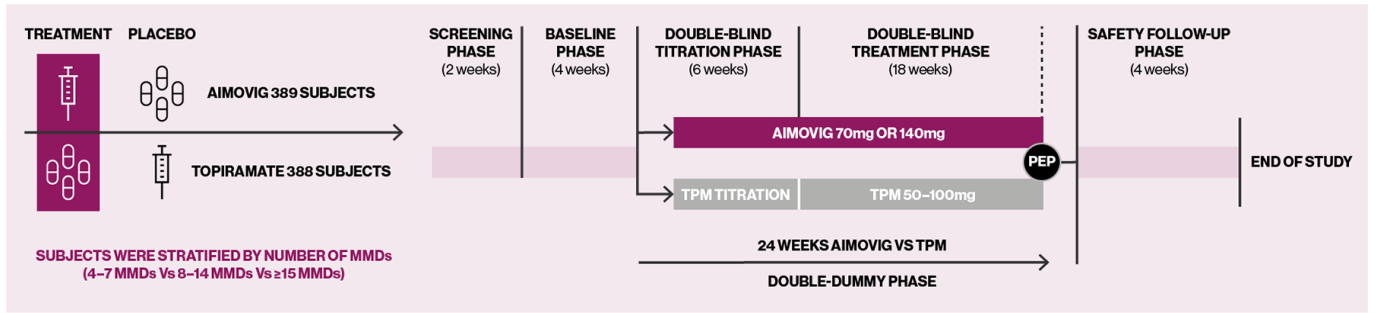
- in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50%
- in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%

**According to the SmPC, the recommended dose is 70 mg erenumab every 4 weeks. Some patients may benefit from a dose of 140 mg every 4 weeks.<sup>1</sup>**

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**Aimovig demonstrated superiority vs standard of care (SoC) topiramate in the number of patients achieving a  $\geq 50\%$  reduction in monthly migraine days ( $p < 0.001$ ) (HER-MES trial, Germany)\*<sup>5</sup>**

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## PROPORTION OF PATIENTS WITH AT LEAST A 50% REDUCTION IN MMDs (MONTH 4–6)<sup>5</sup>



Adapted from Reuter U et al. 2022.<sup>5</sup>

HER-MES was a 24-week, randomised, double-blind, double-dummy, controlled trial conducted in 82 sites in Germany (n=777).<sup>5</sup>

**Secondary endpoint:** Significantly more patients achieved a  $\geq 50\%$  reduction in monthly migraine days from baseline with erenumab vs topiramate (55.4% vs 31.2%: odds ratio 2.76; 95% confidence interval 2.06, 3.71;  $p < 0.001$  [monthly migraine days at baseline were 10.3 in the erenumab group vs 10.5 in the topiramate group]).<sup>5</sup>

**Aimovig is the first anti-calcitonin gene-related peptide (CGRP) with demonstrated efficacy in  $\geq 50\%$  reduction in monthly migraine days from baseline in a head-to-head trial with SoC topiramate.**<sup>5</sup>

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## **Efficacy maintained for up to 5 years<sup>6</sup>**

The efficacy and safety profile of Aimovig was evaluated in a 5-year, open-label study, which followed a preceding 12-week double-blind treatment period in patients with episodic migraine.<sup>6</sup>

The mean (standard error, SE) change in MMDs from a baseline of 8.7 (0.2) days was -5.3 (0.3) days; an average reduction of 62.3% at Year 5.<sup>6</sup>

The proportions of patients with  $\geq 50\%/ \geq 75\%/ 100\%$  reduction in MMDs were maintained throughout the 5-year open-label treatment period with response rates of 71.0%/47.1%/35.5%, respectively, over the last 4-week period.<sup>6</sup>

Among patients using AMSM at baseline, mean (SE) baseline usage was 6.2 (0.2) treatment days. Mean change from baseline with erenumab was -4.4 (0.3) days over the last 4-week period at Week 268.<sup>6</sup>

[\*\*Please click here for safety information.\*\*](#)

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\*German trial, no UK patients took part in this study.

AMSM, acute migraine-specific medication; CGRP, calcitonin gene-related peptide; CI, confidence interval; MMD, monthly migraine days; NICE, National Institute of Health and Care Excellence; PEP, primary end point; SE, standard error; SmPC, Summary of Product Characteristics; SoC, standard of care; TPM, topiramate.

## References

1. Aimovig® (erenumab) Summary of Product Characteristics.
2. Goadsby PJ, et al. *Physiol Rev* 2017;97(2):553-622.

3. Hubig LT, et al. *Headache* 2022;62(9):1187–1197.
  4. National Institute for Health and Care Excellence. Erenumab for preventing migraine. Available at: <https://www.nice.org.uk/guidance/ta682/chapter/1-Recommendations> [Accessed January 2025].
  5. Reuter U, et al. *Cephalalgia* 2022;42(2):108–118.
  6. Ashina M, et al. *Eur J Neurol* 2021;28(5):1716–1725.
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**Dosing and administration**

**Dosing and administration**

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**Efficacy**

**Efficacy**

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**Safety profile**

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