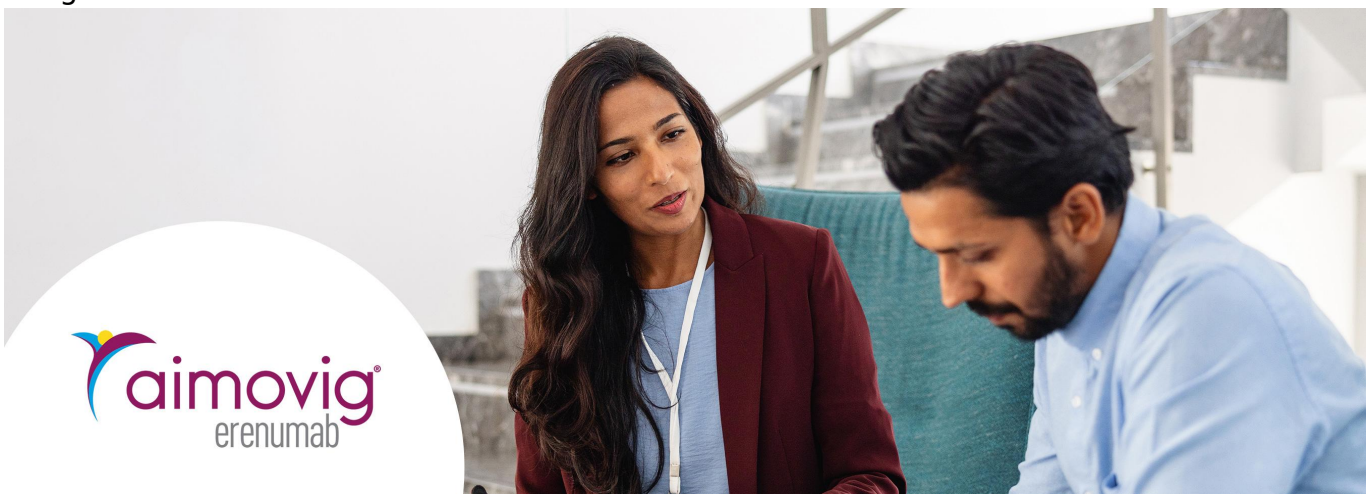
NOVARTIS

AIMOVIG - HCP - Home

Prescribing information

Image



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What is Aimovig® (erenumab)?

This page/content is for Great Britain healthcare professionals only. If you require information for Northern Ireland please refer to the Northern Ireland electronic medicines compendium (emc).

Aimovig is indicated for prophylaxis of migraine in adults who have at least 4 migraine days per month.[1]

More than one billion people worldwide suffer with migraines.[2] Despite a broad range of available treatments, preventive medications have low adherence and high discontinuation rates.[3]

NICE recommendation[4]

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

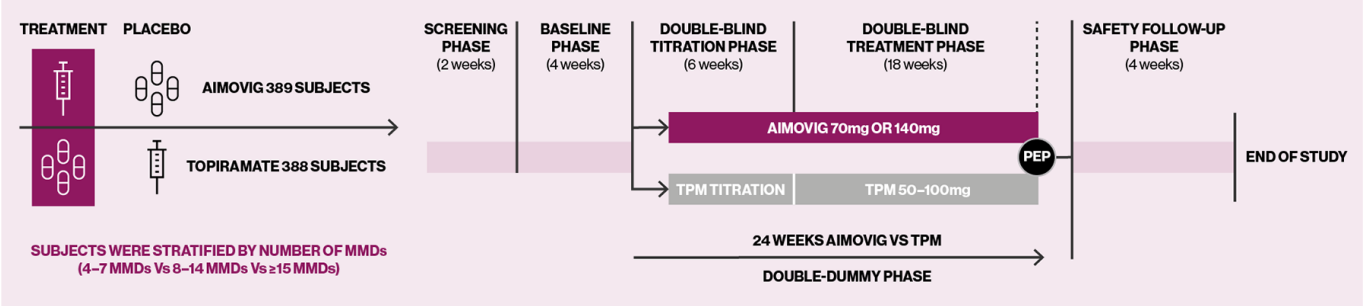
Stop erenumab after 12 weeks of treatment if:

- 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.[1]

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

Image


TREATMENT
PLACEBO
AIMOVIG 389 SUBJECTS
TOPIRAMATE 388 SUBJECTS
SUBJECTS WERE STRATIFIED BY NUMBER OF MMDs
(4–7 MMDs Vs 8–14 MMDs Vs ≥15 MMDs)
SCREENING PHASE
(2 weeks)
BASELINE PHASE
(4 weeks)
DOUBLE-BLIND TITRATION PHASE
(6 weeks)
DOUBLE-BLIND TREATMENT PHASE
(18 weeks)
SAFETY FOLLOW-UP PHASE
(4 weeks)
AIMOVIG 70mg OR 140mg
PEP
END OF STUDY
TPM TITRATION
TPM 50–100mg
24 WEEKS AIMOVIG VS TPM
DOUBLE-DUMMY PHASE

Image

PROPORTION OF PATIENTS WITH AT LEAST A 50% REDUCTION IN MMDs (MONTH 4–6)[5]

Adapted from Reuter U et al. 2022.[5]

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

Secondary endpoint: Significantly more patients achieved a ≥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]).[5]

Aimovig is the first anti-calcitonin gene-related peptide (CGRP) with demonstrated efficacy in ≥50% reduction in monthly migraine days from baseline in a head-to-head trial with SoC topiramate.[5]

Efficacy maintained for up to 5 years[6]

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.[6]

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.[6]

The proportions of patients with ≥50%/≥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.[6]

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.[6]

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 October 2024].

5. Reuter U, et al. *Cephalalgia* 2022;42(2):108–118.

6. Ashina M, et al. *Eur J Neurol* 2021;28(5):1716–1725.

Dosing and administration

Dosing and administration

See more details

Hide details

Efficacy

Efficacy

See more details

Hide details

Mode of action

Mode of action

See more details

Hide details

Safety profile

Safety profile

See more details

Hide details

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