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REAL-WORLD EFFECTIVENESS AND SATISFACTION WITH INTRAVENOUS EPTINEZUMAB TREATMENT IN PATIENTS WITH CHRONIC MIGRAINE: REVIEW, AN OBSERVATIONAL, MULTI-SITE, US-BASED STUDY[1]

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VYEPTI® (eptinezumab) is indicated for the prophylaxis of migraine in adults who have at least 4 migraine days per month.[2] The recommended dose is 100 mg administered by intravenous infusion every 12 weeks.[2]

CONTEXT[1]

Due to the controlled nature of randomised trials in migraine prevention, patients with comorbidities or prior exposure to certain therapies are typically excluded. Capturing evidence of the effectiveness of treatment in real-world clinical settings, as well as real-world patient and healthcare professional (HCP) experiences and perspectives, can help shape treatment paradigms and guide future prescribing decisions. This is a summary of an observational, multisite study in outpatients being treated with eptinezumab for chronic migraine (CM).[1] Refer to the full publication for more details.

KEY QUESTION[1]

What is the real-world effectiveness, infusion experience, and clinical impact of eptinezumab for the treatment of CM from both patient and HCP perspectives?

METHODOLOGY[1]

- Observational, multisite study intentionally conducted at four geographically dispersed sites across the US (Albany, New York; New Orleans, Los Angeles; Dallas, Texas; Meridian, Indianapolis)

PILOT STUDY

- Linguistics validation study in 10 real-world patients with migraine to assess contextual interpretation of survey questions

REVIEW STUDY

PATIENTS

N=94 patients across the four study sites received a mean of 4.5 eptinezumab 100 mg, 200 mg and/or 300 mg infusions.

KEY INCLUSION CRITERIA

- ✔ Adults aged 18 years
- ✔ Diagnosis of CM as indicated in the patient chart or adjudicated by the treating physician
- ✔ Must have completed ≥2 consecutive eptinezumab infusion cycles (equivalent to ≥6 months exposure
- ✔ Must have been continuously followed at the study site for 6 months prior to the index date (the date on which eptinezumab was first prescribed in a patient's medical record)
- ✔ Still be a patient at the site at the time of the study
- ✔ Be able to complete the survey in English

KEY EXCLUSION CRITERIA

- ✘ Treatment with eptinezumab in a clinical trial setting or enrolment in a clinical trial for migraine or other headaches at the time of this study

ASSESSMENTS

PATIENTS

- Structured patient survey evaluating patient perceptions on satisfaction and impact of their migraine treatment on migraine symptomology and various elements of daily living, including their eptinezumab experience
- Retrospective chart review to characterise demographics, medical history, and treatment history

HCPS

- Virtual semi-structured interview to assess satisfaction, experience, and treatment decision-making with eptinezumab

VYEPTI 300 mg is not available in the UK. VYEPTI is not licensed as a 200 mg dose.
Lundbeck does not recommend use of any products outside of their licensed indication.

RESULTS[1]

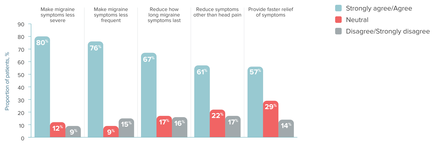
- Patients were primarily female (83%), White or Caucasian (89%), with a mean age of 49.2 years and an average length of time since diagnosis of 15.4 years
- All patients self-reported the use of another preventive therapy: 89% prior subcutaneous anti-CGRP mAb; 82% onabotulinumtoxinA; and 74% oral preventive

PATIENT PERSPECTIVES

MIGRAINE PREVENTION AND SYMPTOMS

- The mean number of self-reported "good days" per month more than doubled from 8 "good days"/month before starting eptinezumab to 18 "good days"/month following eptinezumab treatment

Patient-reported satisfaction with the ability of VYEPTI to impact migraine symptoms



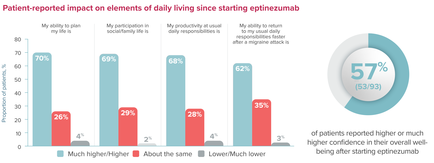
Adapted from Argoff C, *et al. J Headache Pain*. 2024

ACUTE MEDICATION USE

- The number of patients reporting using ≥10 days/month of prescription acute medicine reduced from 81% (75/93) before starting eptinezumab to 26% (24/93) after starting eptinezumab
- The number of patients reporting using ≥10 days/month of over-the-counter acute medicine reduced from 66% (61/93) before starting eptinezumab to 23% (21/93) after starting eptinezumab

HEALTH-RELATED QUALITY OF LIFE

Patient-reported impact on elements of daily living since starting eptinezumab



Adapted from Argoff C, *et al. J Headache Pain*. 2024

INFUSION EXPERIENCE

- Prior to eptinezumab infusion, 62% (58/93) of patients indicated being at least slightly concerned about receiving the infusion; this decreased to 14% (13/93) after eptinezumab infusion
- 94% (87/93) of patients agreed or strongly agreed it was convenient to receive treatment via an intravenous infusion

HCP PERSPECTIVES

- HCPs reported high levels of satisfaction with eptinezumab's speed of onset, ability to reduce monthly migraine/headache days, impact on social/family life, and impact on patient productivity (median scores 4.5, 5.0, 4.5, and 4.5, respectively, on a 5-point scale (1 = very dissatisfied, 5 = very satisfied)
- Overall, HCP data supported patient-reported data

LIMITATIONS[1]

- Patient data were survey-based and self-reported, and therefore dependent upon patient recall
- Gepants included atogepant, ubrogepant, and rimegepant; however, given the nature of the methodology, differentiation between preventive use and acute use for rimegepant was not possible
- Concomitant use of therapies in conjunction with eptinezumab was not deciphered within the patient charts or survey
- The reasons why patients switched therapies was not determined
- No cross-comparisons were made between the outcome measures for the 100 mg, 200 mg, or 300 mg doses, and ad hoc analyses were not performed for patients switching between lower and higher doses
- There was no exploration of the specific reasoning and considerations for prescription of the 200 mg, off-label eptinezumab dose
- Inherent selection bias could not be mitigated

CONCLUSIONS[1]

- This real-world study demonstrated high overall satisfaction with the effectiveness of eptinezumab for CM among the majority of patients and their HCPs
- Most patients expressed satisfaction with the effect of eptinezumab in reducing the severity, frequency, and duration of their migraine symptoms
- Despite their history of prior treatment use, after initiating eptinezumab treatment, patients reported on average a two-fold increase in good days per month and there was a two-thirds reduction in patients with ≥10 days/month prescription and over-the-counter acute medication use
- These real-world data findings offer valuable insights and clinically relevant information on the use of eptinezumab in the management of CM

REFERENCES & ABBREVIATIONS

1. Argoff C, *et al. J Headache Pain*. 2024;25(1):65.
2. Lundbeck. VYEPTI. Summary of Product Characteristics.

CGPR, calcitonin gene-related peptide; **CM,** chronic migraine; **HCP,** healthcare professional; **mAb,** monoclonal antibody; **REVIEW,** Real-world EVidence and Insights into Experiences With eptinezumab.

PRESCRIBING INFORMATION

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