EFFICACY AND SAFETY OF EPTINEZUMAB IN PATIENTS WITH CHRONIC MIGRAINE (PROMISE-2)[1]

Richard Lipton, Peter Goadsby, Jeff Smith, Barbara Schaeffler, David Biondi, Joe Hirman, Susan Pederson, Brent Allan, Roger Cady

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]

This is a summary of a phase 3, multicentre, double-blind, placebo-controlled, parallel-group clinical study, which was the first to investigate the efficacy, safety and tolerability of intravenous (IV) eptinezumab in patients with chronic migraine (CM). Refer to the full publication for more details.

KEY QUESTION[1]

Is eptinezumab (vs placebo) an effective and generally well tolerated preventive treatment in adults with chronic migraine?

METHODOLOGY[1]

- Randomised, phase 3, multicentre, double-blind, placebo-controlled, parallel-group study
- A total of 1,121 patients were randomised, 1,072 received treatment
- Patients received treatment for 32 weeks with 10 scheduled visits (screening, Day 0, and Weeks 2, 4, 8, 12, 16, 20, 24 and 32)

PATIENT DISPOSITION

Randomised (n=1,121)	Analysis sets	Dosing periods	
Placebo (n=375)	Efficacy (n=366) Safety (n=366)	Dosing period 1 (Weeks 1–12)	Dosing period 2 (Weeks 13–24)
Eptinezumab 100 mg (n=372)	Efficacy (n=356) Safety (n=356)		
Eptinezumab 300 mg (n=374)	Efficacy (n=350) Safety (n=350)		

VYEPTI 300 mg is not available in the UK.

KEY INCLUSION CRITERIA

- Adults aged 18–65 years (inclusive)
- Diagnosis at/before 50 years of age
- History of CM for ≥12 months before screening
- Experienced ≥15 to ≤26 headache days and ≥8 migraine days during the 28-day screening period
- Use of prescription/over-the counter medication for acute/preventive treatment of migraine if prescribed/recommended by a HCP and stable use for ≥3 months before screening

PRIMARY ENDPOINT (eptinezumab vs placebo)

Change from baseline in monthly migraine days (MMDs) over Weeks 1–12

SECONDARY ENDPOINTS (eptinezumab vs placebo)

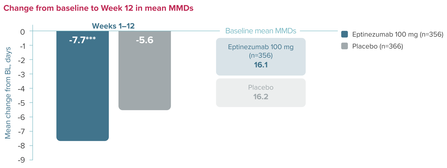
- Proportion of patients with ≥75% reduction in migraines from baseline (≥75% migraine responder rate) over Weeks 1–4
- Proportion of patients with ≥75% reduction in migraines from baseline (≥75% migraine responder rate) over Weeks 1–12
- Proportion of patients with ≥50% reduction in migraines from baseline (≥50% migraine responder rate) over Weeks 1–12
- Percentage of patients with a migraine on the day after dosing

RESULTS[1]

PRIMARY ENDPOINT

- Eptinezumab 100 mg demonstrated statistically significant reductions from baseline (vs placebo) in the frequency of migraine days over Weeks 1–12

Change from baseline to Week 12 in mean MMDs



***p<0.0001 vs placebo.
Adapted from Lipton RB, *et al. Neurology.* 2020.

SECONDARY ENDPOINTS

- Patients receiving eptinezumab 100 mg were significantly more likely to achieve ≥75% reduction in migraine from baseline during Weeks 1–4 vs placebo, and also during Weeks 1–12 vs placebo
- Patients receiving eptinezumab 100 mg were significantly more likely to achieve ≥50% reduction in migraine from baseline during Weeks 1–12 vs placebo
- The migraine preventive effect of eptinezumab 100 mg was statistically significant vs placebo after the first day after dosing

Summary of selected secondary endpoints

		Eptinezumab 100 mg (n=356)	Placebo (n=366)
≥75% migraine responder rate, Weeks 1–4	Patients, n (%)	110 (30.9)	57 (15.6)
	p-value vs placebo	<0.0001	
	OR vs placebo	2.4	
≥75% migraine responder rate, Weeks 1–12	Patients, n (%)	95 (26.7)	55 (15.0)
	p-value vs placebo	<0.0001	
	OR vs placebo	2.0	
≥50% migraine responder rate, Weeks 1–12	Patients, n (%)	205 (57.6)	144 (39.3)
	p-value vs placebo	<0.0001	
	OR vs placebo	2.1	
Percentage of patients with a migraine, Day 1	Day 1 percentage	28.6%	42.3%
	p-value vs placebo	<0.0001	

Adapted from Lipton RB, *et al. Neurology.* 2020.

SAFETY & TOLERABILITY[1]

- The incidence of adverse events was generally balanced among treatment groups
- TEAEs leading to study drug withdrawal occurred in 3 patients in the eptinezumab 100 mg group (<1%) and 2 patients in the placebo group (<1%)

Adverse events reported in ≥2% of patients in any treatment group*

	Eptinezumab 100 mg (n=356)	Placebo (n=366)
Any event	155 (43.5)	171 (46.7)
Nasopharyngitis	19 (5.3)	22 (6.0)
Upper respiratory tract infection	15 (4.2)	20 (5.5)
Sinusitis	7 (2.0)	15 (4.1)
Migraine	6 (1.7)	16 (4.4)
Urinary tract infection	8 (2.2)	6 (1.6)
Nausea	6 (1.7)	7 (1.9)
Fatigue	8 (2.2)	7 (1.9)

*Including treatment groups for doses unavailable in the UK (not reported).
Adapted from Lipton RB, *et al. Neurology.* 2020.

LIMITATIONS[1]

- Patients with a history or evidence of significant cardiovascular disease or any clinically significant concurrent medical condition were excluded from participation; thus, the findings may not be indicative of safety and efficacy in patients with excluded comorbid conditions
- The overall response to placebo was high

CONCLUSIONS[1]

These results demonstrate that IV eptinezumab 100 mg is associated with a clinically meaningful migraine preventive effect over multiple efficacy measures, and is generally well tolerated in adult patients with CM. The migraine preventive effect of eptinezumab was observed as early as Day 1 after administration.

REFERENCES & ABBREVIATIONS

1. Lipton RB, *et al. Neurology.* 2020;94(13):e1365–77.
2. Lundbeck. VYEPTI. Summary of Product Characteristics.

BL, baseline; **CM,** chronic migraine; **HCP,** healthcare professional; **IV,** intravenous; **MMDs,** monthly migraine days; **OR,** odds ratio; **TEAE,** treatment-emergent adverse event.

PRESCRIBING INFORMATION

PRESCRIBING INFORMATION IS AVAILABLE HERE.