NOVARTIS

AIMOVIG - HCP - Home

Prescribing information

Image

Image

What is Aimovig® (erenumab)?

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

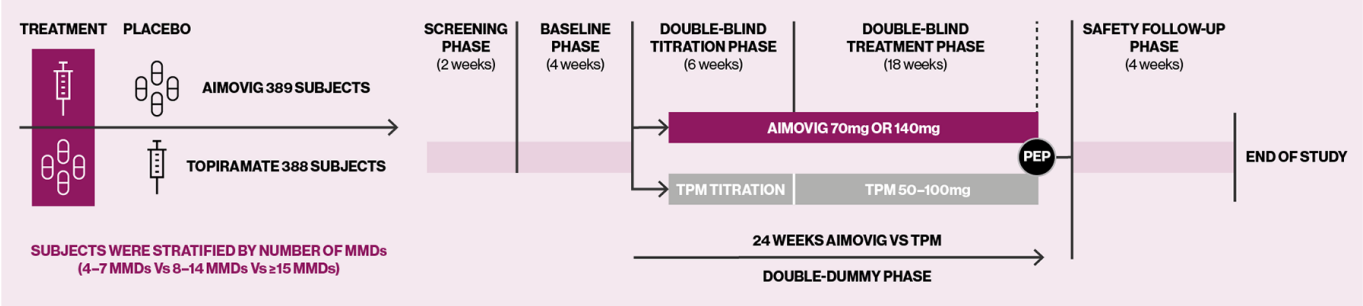
Stop erenumab after 12 weeks of treatment if:

- 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 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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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report, or alternatively email medinfo.uk@novartis.com or call 01276 698370.
