



Migraine Therapy - Clinical News

In September 2022, HLN presented the first line therapies and patient considerations for anti-migraine therapy. These included the usefulness of newer agents to provide options for those who were nonresponsive to first line therapies or those with increased cardiovascular risks. This month's communication features a review of the latest published information on newer nasal agents and the associated cost of care.

The latest on nasal product choices for acute therapy

Zavzpret® (Zavegepant), a nasal CGRP receptor antagonist

- One 10mg spray into one nostril (per 24 hours)
- May provide relief within 15 minutes
- Most common side effects are taste disorder, nasal discomfort, & nausea.
- Use not recommend for CrCl <30ml/min or severe hepatic impairment
- Must use participating pharmacies
- Patient Assistance only available to those commercially insured
- Cost estimates are around \$1,150 per carton of six vials.

Trudhesa® (Dihydroergotamine) nasal spray (0.725mg per nostril)

- Carries the same CV and blood pressure warnings as the other products, such as Migranal generic nasal
- CYP3A4 inhibitor use if contraindicated
- Cardiovascular evaluation is recommended before use
- Common side effects are rhinitis, nausea & altered sense of taste.
- Do not use more than 2 doses within 24 hours
- Must use participating pharmacies
- Patient Assistance only available to those commercially insured
- Spend is increasing in HLN claims
- Cost is significant at \$1,550 per HLN prescription.

Sumatriptan 20mg nasal

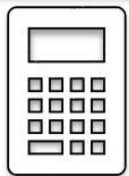
- Triptan class
- Carries warnings for CV events and increasing blood pressure
- May provide relief in 15 to 30 minutes
- May give an additional dose after 2 hours, max 40mg/24 hours
- Common side effects are bad or unusual taste, nausea, and nasal discomfort
- Costs around \$335 for 20mg nasal prescriptions and \$300 for 5mg nasal prescriptions.
- Average copay \$15-25



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Is one CGRP antagonist therapy better than another?



A recent meta-analysis published in *Cephalalgia* included 19 studies of CGRP mAbs and oral gepants. It reported for the reduction in monthly migraine days, all medication dosing was statistically significant except for Eptinezumab (Vyepti®) 30mg dosing, with Fremanezumab (Ajovy®) and Galcanezumab (Emgality®) showing the highest efficacy. For the >50% responder rates, the SC & IV dosing had significant rates while the oral medications did not. The study concluded that the oral medication numbers may have been too low to show significance in the studies included⁵.



For patients who have failed prior migraine prevention strategies, a small meta-analysis published in the *Journal of Headache* pooled results to show all the CGRP mAbs can reduce monthly migraine days, with Galcanezumab 240mg (Emgality®) having the highest rating. The CGRP mAbs may also have an advantage over the CGRP receptor mAb, Erenumab (Aimovig®), for improving monthly migraine days and 50% response rates in this patient population⁶.



One head-to-head between Emgality® (Galcanezumab) and Nurtec® (Rimegepant) for prevention of episodic migraine did not demonstrate superiority of Emgality, but confirmed the efficacy in reducing monthly migraine days (CHALLENGE-MIG)¹

As with other conditions, evaluating the need for ongoing medical treatment is important.

Medication adherence conversations touching on therapy expectations, side effects, and costs should be conducted with each visit.

*References: 1.) First-Of-Its-Kind Head-to-Head Clinical Trial Reaffirms the Efficacy of Emgality in Episodic Migraine Prevention | Eli Lilly and Company, <https://www.prnewswire.com/news-releases/first-of-its-kind-head-to-head-clinical-trial-reaffirms-the-efficacy-of-emgality-in-episodic-migraine-prevention-301852663.html>, S. Tripode accessed 07/31/23 2.) Dhillon, S. Zavegepant: First Approval. *Drugs* 83, 825–831 (2023). <https://doi.org/10.1007/s40265-023-01885-6>; 3.) Trudhesa package insert. label (fda.gov), S. Tripode accessed 08/01/23. 4.) Imitrex (sumatriptan) package insert, IMITREX (sumatriptan) Label (fda.gov), accessed 08/01/23 5.) Faraidoon, H. et al. Evaluating the efficacy of CGRP mAbs and gepants for the preventive treatment of migraine: A systematic review and network meta-analysis of phase 3 randomised controlled trials. *Cephalalgia* 43 (14), 1-14 (2023). DOI: 10.1177/03331024231159366. 6.) Wang, et al. Efficacy and safety of monoclonal antibody against calcitonin gene-related peptide or its receptor for migraine patients with prior preventative treatment failure: a network meta-analysis. *The Journal of Headache and Pain* 23:105 (2022). doi.org/10.1186/s10194-022-01472-2.*

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