Eptinezumab improved work productivity in adults with migraine and prior preventive treatment failures: results from the DELIVER study

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Background: This analysis reports the impact of eptinezumab on work productivity and daily activities in patients with migraine and prior preventive treatment failures. Methods: The DELIVER study (NCT04418765) randomized adults with migraine and documented evidence of 2–4 prior preventive treatment failures to receive eptinezumab 100mg, 300mg, or placebo (IV every 12 weeks). At baseline and every 4 weeks, patients completed the migraine-specific 6-question Work Productivity Activity Impairment (WPAI:M) questionnaire (7-day recall). Changes from baseline in WPAI subscores were predefined secondary endpoints and analyzed without control for multiplicity. Results: The full analysis set included 890 patients (100mg, n=299; 300mg, n=293; placebo, n=298). Mean baseline WPAI subscores indicated a negative impact of migraine on work productivity and normal daily activities. Beginning at first post-baseline assessment at Week 4 and through Week 24, eptinezumab demonstrated larger reductions than placebo in absenteeism (P<0.001), presenteeism (P<0.001), work productivity loss (P<0.001), and activity impairment (P<0.001) subscores. Conclusions: In adults with migraine and prior preventive treatment failures, eptinezumab treatment robustly improved migraine-related absenteeism, presenteeism, work productivity loss, and activity impairment as early as Week 4 and throughout the study.

Preventive treatment with eptinezumab in patients with a dual diagnosis of chronic migraine and medication-overuse headache: subgroup analysis of PROMISE-2

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Background: This post hoc analysis of the PROMISE-2 data provides an assessment of the total preventive migraine efficacy of eptinezumab over 24 weeks in patients with a dual diagnosis of chronic migraine (CM) and medication overuse headache (MOH). Methods: PROMISE-2 was a double-blind, placebo-controlled, phase 3 study of eptinezumab (NCT02974153) over 24 weeks. Endpoints analyzed here include changes in MMDs, changes in monthly days of AHM use (total and class-specific), percentage of patients below thresholds for CM and MOH, and assessments patient-reported outcomes (PROs). Results: 40.2% of patients with CM also had a diagnosis of MOH at baseline. Mean changes from baseline in MMDs during Weeks 1–12 were -8.4 and -8.6 in eptinezumab 100 mg and 300 mg treatment groups, respectively (vs 16.7 at baseline), compared with -5.4 in the placebo group (P<0.0001 vs placebo for both doses). Total monthly AHM use also decreased with eptinezumab. For all 24 weeks, 51.1% (100 mg) and 54.4% (300 mg) of eptinezumab-treated patients were below the ICHD thresholds for diagnosis of CM, compared with 32.4% of patients receiving placebo. Conclusions: This subgroup analysis of patients with a dual diagnosis of CM and MOH suggests that eptinezumab treatment resulted in greater improvements overall compared with placebo.