- 12 Chronic Migraines
- 13 Current Prophylaxis for Chronic Migraines:

International Headache Society

2018 Updated Guidelines

- 14 Nonpharmacologic Interventions
- 15 Pharmacologic Interventions
- 16 Treatment Mechanism
- 17 Treatment Mechanism
- 18 Treatment Mechanism
- 19 Treatment Mechanism
- 20 CGRP Antagonists
- 21 Place in Therapy
- 22 CGRP Antagonists
- 23 Inhibition of Pain Transmission
- 24 Neurogenic Inflammation Blocker
- 25 CGRP Antagonists
- 26 Aimovig (erenumab-aooe)
- 27 🔲
- 28 Ajovy (fremanezumab-vfrm)
- 29 🔲
- 30 Emgality (galcanezumab-gnlm)
- 31
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- 33
- 34 🔲

35 EVOLVE-2 Study Design

• 858 patients with episodic migraine to monthly subcutaneous galcanezumab 120 mg, galcanezumab 240 mg, or placebo in a 1:1:2 ratio

36 Inclusion Criteria

- 18-65
- At least 1-year migraine history
- At least 14 migraines headache days per month
- Mean of at least 2 migraine attacks per month within the last 3 months
- Diagnosed prior to age 50

37 Exclusion Criteria

- On preventative medications
- Aged < 18 or > 65
- Pregnant
- Possibility to become pregnant
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• At six months, the mean number of migraine days per month decreased by 4.7 and 4.6 for the galcanezumab 120 and 240 mg groups, respectively, compared with 2.8 days for the placebo group.

39 Results

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• Treatment with galcanezumab 120 mg or 240mg demonstrated statistically significant and clinically meaningful maintenance of effect in patients with episodic migraine (at least 3 and 6 consecutive months) and in patients with chronic migraine (for 3 months).

40 Recommended Dosing

- Galcanezumab-gnlm treatment is started with a loading dose of 240 mg, given as two consecutive doses of 120 mg each, followed by monthly doses of 120 mg
- administered subcutaneously in the thigh, upper arm, or buttocks
- Injection site reactions were the most common adverse events in clinical trials

41 Take Away Points

42 Take Away Points

Don't forget non-pharmacologic interventions

- 43 What's Next?
- 44 THANK YOU!
- 45 🔲 CE Credit

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