days or both was found. The benefits of improved headache control outweighed the burden of taking a daily medication with a favorable side-effect profile. Thus, the Work Group made the following recommendation: We recommend candesartan or telmisartan for the prevention of episodic migraine.

Recommendation

5. We recommend erenumab, fremanezumab, or galcanezumab for the prevention of episodic or chronic migraine.
   (Strong for | Reviewed, New-replaced)

Discussion

Erenumab, fremanezumab, and galcanezumab are mAbs that act by antagonism of the CGRP pathway. Since their initial approval for the prevention of episodic and chronic migraine, SRs and meta-analyses have been conducted on their efficacy, safety, and tolerability. Additional clinical trials in patient populations poorly represented in trials leading to FDA-approval (e.g., Middle East, Latin America, Asia) and the results of open-label and real-world evidence have become available to better understand their expanding role in the prevention of migraine. Alongside the evidence presented below, there was additional support for the use of erenumab, fremanezumab, or galcanezumab included in the 2020 VA/DoD Headache CPG.(121-130)

Erenumab

Wang et al. (2021) reported on the efficacy and safety of erenumab among patients in the Middle East, Latin America, and Asia.(131) The primary efficacy outcome was a change in monthly migraine days from baseline over 3 months. Erenumab at 70 mg and 140 mg led to a 4.8- and 4.2-day reduction in monthly migraine days, respectively, with each erenumab dose being statistically significant compared with the reduction seen among those receiving placebo (3.1-day reduction). There was also a statistically significant reduction from baseline in other endpoints at 3 months, including (1) the use of monthly acute migraine-specific medication; (2) the proportion of patients experiencing a ≥50% reduction in monthly migraine days; and (3) HIT-6 scores at 3 months compared with baseline. Overall, active pharmacotherapy was well tolerated with low AE rates, and AEs did not lead to discontinuation of therapy. Takeshima et al. (2021) conducted an RCT (n=261) among patients with either episodic or chronic migraine comparing erenumab 70 mg with placebo.(132) Patients with episodic (-1.57 days; 95% CI: -3.39–0.24; p=0.089) and chronic migraine (-1.67 days; 95% CI: -2.56 to -0.78; p<0.001) experienced a statistically significant reduction in mean monthly migraine days. Similarly to other studies, erenumab 70 mg also had a favorable safety profile when compared with placebo.

In an SR and network meta-analysis (NMA), Yang et al. (2022) examined the efficacy and safety of erenumab across five RCTs among patients (n=2,453) with episodic migraine and patients who had failed two or more migraine preventive treatments.(133) Change in