Submission # 4

Date request of permission received: 05/02/19

Request for permission : Submitted by Industry

Testimony subject and nature of testimony

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This request is denied for testimony during the 5/17/19 meeting of the Pharmacy and Therapeutics committee.

Good day, my name is Maria Agapova. I am a Senior Medical Outcomes Liaison at Teva Pharmaceuticals.

In this letter I present a recently published post hoc analysis from a Phase 2 trial of high frequency episodic migraine patient population that supports additional HALO pivotal trial data now available but not yet published in the peer-reviewed literature.

An analysis of 297 participants from a multicenter, randomized, double-blind, placebo-controlled, phase 2 study of patients with high frequency episodic migraine was performed to investigate placebo, 225 mg dose given monthly and 675 mg dose given quarterly, early effect on migraine days, migraine symptoms and acute medication use.[1] I present the data for week 1 after initiation of therapy. Least square mean differences in migraine day decreases between treatment and placebo for week 1 of therapy were statistically significant (P<0.0001): −0.93 (95% CI: −1.36, −0.49) in the 225 mg dose, and −1.02 (95% CI: −1.46, −0.58) in the 675 dose group. Similar reductions in migraine symptoms (nausea, vomiting, photophobia, and phonophobia) were observed. Proportionate reductions in days of acute medication consumption were also observed after 1 week of therapy.[1]

These findings may be of importance in a disease state with low utilization of preventive therapy, poor adherence and persistence;[2] especially among patients who are unable to adequately manage migraine pain, overuse acute medication, and are at risk of 1) progressing to refractory disease; or 2) developing dependence to opioid-containing acute medications.[3] In chronic obstructive pulmonary disease, research has identified that factors influencing compliance include frequency of administration and rapid onset of action.[4] Research is needed into the influence on adherence and compliance to migraine preventive therapy of drug characteristics such as rapid onset of action and frequency of administration.

Since market approval of AJOVY two additional studies have been completed: FOCUS, a Phase IIIb study in patients who previously had inadequate response to 2-4 classes of preventive therapies, and a multicenter, randomized, double-blind, parallel-group long-term safety study. Please let me know if you would like additional information on the results from these studies.

References


1. Silberstein SD, Rapoport AM, Loupe PS, et al. The Effect of Beginning Treatment With Fremanezumab on Headache and Associated Symptoms in the Randomized Phase 2 Study of High Frequency Episodic Migraine: Post-Hoc Analyses on the First 3 Weeks of Treatment. Headache 2019;59:383-93.
2. Woolley, J. M., M. M. Bonafede, B. A. Maiese and R. A. Lenz (2017). "Migraine Prophylaxis and Acute Treatment Patterns Among Commercially Insured Patients in the United States." Headache 57(9): 1399-1408.
3. Bigal, M. E. and R. B. Lipton (2009). "Overuse of acute migraine medications and migraine chronification." Curr Pain Headache Rep 13(4): 301-307.
4. Sanduzzi A, Balbo P, Candoli P, et al. COPD: adherence to therapy. Multidiscip Respir Med 2014;9:60.



Teva Pharmaceuticals
1090 Horsham Road, North Wales, PA 19454, USA | T: 215.591.3000 | www.tevausa.com

Should you have any questions please do not hesitate to contact me. I am grateful for the opportunity to exchange scientific content with the committee.

Thank you for your time and consideration.

Best regards,

**Maria Agapova, MSc, PhD**
**Senior Medical Outcomes Liaison, Field Medical Affairs**
**Cell:** 206.369.4804
Maria.Agapova@tevapharm.com www.tevapharm.com