

**P.014****Eptinezumab improved work productivity in adults with migraine and prior preventive treatment failures: results from the DELIVER study**

*PJ Goadsby (London) P Barbanti (Rome) G Lambru (London) A Ettrup (Copenhagen) C Laurberg Christoffersen (Copenhagen) M Krog Josiassen (Copenhagen) R Phul (Copenhagen) B Sperling (Copenhagen) V Gohil (Montreal)\**

doi: 10.1017/cjn.2023.118

**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 ( $P<0.05$ ), 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.

**P.015****Preventive treatment with eptinezumab in patients with a dual diagnosis of chronic migraine and medication-overuse headache: subgroup analysis of PROMISE-2**

*MJ Marmura (Philidelphia) H Diener (Essen) RP Cowan (Palo Alto) AJ Starling (Scottsdale) J Hirman (Woodinville) T Brevig (Copenhagen) R Cady (Springfield) A Yeats (Montreal)\**

doi: 10.1017/cjn.2023.119

**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% 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.

**P.016****Impact of eptinezumab on patient-reported outcomes in patients with prior preventive treatment failures**

*PJ Goadsby (London) P Barbanti (Rome) A Ettrup (Copenhagen) C Laurberg Christoffersen (Copenhagen) M Krog Josiassen (Copenhagen) R Phul (Copenhagen) B Sperling (Copenhagen) A Duong (Montreal)\**

doi: 10.1017/cjn.2023.120

**Background:** In DELIVER, eptinezumab reduced migraine frequency and was well tolerated in patients with migraine and prior preventive treatment failures. This analysis evaluated changes in patient-reported outcomes (PROs). **Methods:** DELIVER (NCT04418765; phase 3b double-blind study) randomized adults with migraine and 2-4 prior preventive treatment failures to eptinezumab or placebo every 12 weeks. The assessed PROs included EuroQol 5-Dimensions 5-Levels visual analogue scale (EQ-5D-5L VAS); 6-item Headache Impact Test (HIT-6), Patient Global Impression of Change (PGIC), most bothersome symptom (MBS), and Migraine-Specific Quality of Life Questionnaire (MSQ, v2.1). **Results:** Patients received eptinezumab 100mg ( $n=299$ ), 300mg ( $n=294$ ), or placebo ( $n=298$ ). Mean changes from baseline to Wk12 in EQ-5D-5L VAS scores were 2.0 (100mg,  $P=0.0007$ ) and 4.4 (300mg,  $P<0.0001$ ) versus -3.1 (placebo), and were maintained or further improved to Wk24 (2.0, 5.2, -2.8, respectively). Mean baseline HIT-6 total scores were ~66.4, with mean changes of -6.9 (100mg,  $P<0.0001$ ) and -8.5 (300mg,  $P<0.0001$ ) versus -3.1 (placebo) at Wk12 that were further improved through Wk24 (-8.9 and -9.9 vs -3.9). PGIC, MBS, and MSQ domain scores showed greater improvement for eptinezumab than placebo. **Conclusions:** In adults with migraine and prior preventive treatment failures, eptinezumab robustly improved health-related quality of life and migraine-related burden over 24 weeks versus placebo.