A Long-Term Observational, Retrospective Cohort Study to Evaluate the Safety, Including Cardiovascular Safety, of Fremanezumab in Patients with Migraine in Routine Clinical Practice in the United States and Europe

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Study Planned

Administrative details

EU PAS number

EUPAS50402

Study ID

50403

DARWIN EU® study

No

Study countries

Germany

United States

Study description

The study will investigate the incidence of adverse events in a real world setting in migraine patients with long-term exposure to fremanezumab relative to migraine patients treated with other preventive migraine pharmacotherapy. The objectives of the study are to evaluate: the long-term safety of fremanezumab in patients with migraine, the safety of fremanezumab in a sub population of CV compromised patients and the incidence of new-onset hypertension and worsening of preexisting hypertension in fremanzumab treated patients. This is a retrospective, comparative, controlled, claims and EHR database study. The study population consists of patients with a diagnosis of migraine whose data were recorded in claims databases (Germany) and an EHR database linked to claims (US). The study period will be defined from 3 years before the country-specific launch date of fremanezumab to the most recent data available in each database at the end of 2026. Patients will be enrolled in the study from the country-specific launch date of fremanezumab until 12 months before the most recent data available at the end of 2026 to allow at least 12 months of follow-up for the patients. The long-term use will be investigated in patients with persistent treatment of the drug of interest for at least 3 years with at least 80% adherence. Demographic and medical information, comorbidities, and concomitant medications during the pre-index period will be examined. Use of medications for the preventive treatment of migraine, CV disease, hypertension, and other chronic medical conditions will be collected. Comparisons of the proportions of AEs in fremanezumab and comparative cohorts will be evaluated through a multivariable model with propensity scores used as inverse probability of treatment weighting. The incidence rate ratios of patients observed with worsening of hypertension or with a new documentation of a diagnostic code for hypertension post index

date will be calculated for all cohorts.

Study status

Planned

Research institutions and networks

Institutions

Clinical, Regulatory and Safety, Cerner Enviza

Germany

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Institution | **Non-Pharmaceutical company** | **ENCePP partner**

Contact details

Study institution contact

Natan Kahan natan.kahan@teva.co.il

Study contact

natan.kahan@teva.co.il

Primary lead investigator

Natan Kahan

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 31/03/2023

Study start date
Planned: 29/03/2024

Data analysis start date
Planned: 01/01/2025

Date of interim report, if expected
Planned: 27/06/2025

Date of final study report
Planned: 31/12/2027

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Teva Branded Pharmaceutical Products R&D, Inc

Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 3 (required)

Methodological aspects

Study type

Study type list

Study type:

Non-interventional study

Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Drug utilisation

Main study objective:

The objectives of the study are to evaluate: the long-term safety of fremanezumab in patients with migraine, the safety of fremanezumab in a sub population of CV compromised patients and the incidence of new-onset hypertension and worsening of preexisting hypertension in fremanzumab treated patients. T

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Study drug International non-proprietary name (INN) or common name

FREMANEZUMAB

Medical condition to be studied

Migraine prophylaxis

Population studied

Age groups

- Adults (18 to < 46 years)
- Adults (46 to < 65 years)
- Adults (65 to < 75 years)
- Adults (75 to < 85 years)
- Adults (85 years and over)

Estimated number of subjects

5.000

Study design details

Outcomes

incidence of new-onset hypertension and worsening of preexisting hypertension, Hypersensitivity reactions, Alopecia, Anaphylaxis, Angioedema, Constipation, Raynaud’s Phenomenon, MI, Stroke, Unstable angina, • To assess the treatment pattern in the fremanezumab and comparative cohorts (i.e. switches from/to treatment, add-on treatments, treatment duration).

Data analysis plan

All variables will be analyzed descriptively with appropriate statistical methods: categorical variables by frequency tables (absolute and relative frequencies) and continuous variables by sample statistics (i.e. mean, standard deviation, minimum, median, quartiles and maximum). Comparison of the proportion of AEs between fremanezumab and comparative cohorts will be evaluated through a multivariable model for count data (eg, Poisson or Negative Binomial regression model) with propensity scores used as inverse probability of treatment weighting. For all primary objectives, fremanezumab cohort will be compared to all comparative cohorts. In addition to the comparison of all the patients in the cohorts, the analyses will also be conducted using the subgroups of patients with a long-term use of the drug of interest. The long-term use subgroup will be defined as patients with persistent treatment of the drug of interest for at least 3 years with at least 80% adherence.

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data sources (types)

Administrative healthcare records (e.g., claims)

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

No