



## The Safety and Effectiveness of Dual Calcitonin Gene-Related Peptide (CGRP) Therapies for Migraine Treatment: Focus on Small Molecule Antagonist and Ligand Monoclonal Combinations



Ho Hyun Lee<sup>1,2</sup>, Anita J Cheung, MPH<sup>1,2</sup>, Anson Y Lee<sup>1,2</sup>, Julia R Jahansooz, MS<sup>1,2</sup>, Edward J Weldon<sup>1,2</sup>, Kyle M Ishikawa, MS<sup>2</sup>, Reyn Yoshioka<sup>1,3</sup>, Man Ian Woo<sup>1,4</sup>, Lana Liquard<sup>1,5</sup>, Enrique Carrazana, MD<sup>1</sup>, Kore K Liow, MD, FACP, FAAN<sup>1,2</sup> [Headache & Facial Pain Center](#), Hawaii Pacific Neuroscience, Honolulu, HI, <sup>2</sup>John A. Burns School of Medicine, University of Hawaii, Honolulu, HI, <sup>3</sup>University of San Diego, San Diego, CA, <sup>4</sup>University of Hawaii at Mānoa, Honolulu, HI, <sup>5</sup>McGill University, Montreal, QC

**Objective** To assess the effects of dual-CGRP therapy on patients with synergistic use of small molecule antagonists (SMA) and ligand monoclonal antibodies (L-mAb).

**Background** Single CGRP regimens may not improve and could worsen migraine outcomes in some patients. Combining SMAs and L-mAbs targets CGRP molecules and receptors, potentially providing increased synergistic relief. Our study aims to garner evidence for this dual-CGRP approach.

**Methods** A retrospective matched cohort study at a neurological care center analyzed 90 chronic migraine patients aged  $\geq 18$  years treated with CGRP inhibitors (L-mAbs: fremanezumab, galcanezumab, eptinezumab; SMAs: ubrogepant, rimegepant, atogepant; or a combination). The study compared dual L-mAb and SMA CGRP treatments with mono-L-mAb or mono-SMA CGRP treatments, matched by age and sex. Variables included age, age at diagnosis, sex, onabotulinumtoxinA use, headache frequency, duration, severity, and associated symptoms before and three months post-treatment. Adverse events were recorded for the dual-treatment group. Statistical analyses were made using Wilcoxon, Kruskal-Wallis, and Fisher's exact tests, with significance set at  $< 0.05$ .

**Results** Patients on dual-CGRP therapy experienced an average reduction of four headache days, with some up to 14 fewer days, while mono-CGRP patients experienced no change ( $p = 0.112$ ). Dual-CGRP therapy also reduced headache severity by 20% compared to a 10% reduction with mono-CGRP therapy ( $p = 0.039$ ). Aura symptoms significantly improved in the dual-CGRP group, with 48% (13 patients) becoming aura-free compared to 20% in the mono-CGRP group ( $p = 0.004$ ). Adverse events in the dual-CGRP group were mild, with three patients experiencing fatigue, drowsiness, or mild constipation. No serious adverse events or discontinuations were reported.

**Conclusion** Dual-CGRP regimens may enhance migraine symptom control by significantly reducing headache severity and aura symptoms without significant adverse events. These findings, however, need confirmation through randomized placebo-controlled clinical trials.