

## Erratum

# Updated Canadian Headache Society Migraine Prevention Guideline with Systematic Review and Meta-analysis – ERRATUM

Ioana Medrea, Paul Cooper, Ana Marissa Lagman-Bartolome, Claire H. Sandoe, Farnaz Amoozegar, Wasif M. Hussain, Ana C. Bradi, Jessica Dawe, Meagan Guay, Francois Perreault, Stuart Reid, Candice Todd, Becky Skidmore and Suzanne N. Christie

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This article was originally published with a mistake in the name of author Ana Marissa Lagman-Bartolome, as well as a number of errors in the references, which are detailed below. These have now been corrected, and this erratum has been published.

Several of the numbered references cited the wrong paper, and the correct numbering of the references is as follows:

15. Pringsheim T, Davenport W, Mackie G, et al. Canadian Headache Society guideline for migraine prophylaxis. *Can J Neurol Sci.* 2012;39:S1–59.

46. Tepper S, Ashina M, Reuter U, et al. Safety and efficacy of erenumab for preventive treatment of chronic migraine: a randomised, double-blind, placebo-controlled phase 2 trial. *Lancet Neurol.* 2017;16:425–34.

47. Yu S, Kim BK, Wang H, et al. A phase 3, randomised, placebo-controlled study of erenumab for the prevention of chronic migraine in patients from Asia: the DRAGON study. *J Headache Pain.* 2022;23:146.

114. CADTH Recommendation FREMANEZUMAB [Internet]. [cited 2024 Mar 8]. Available from: [https://www.cadth.ca/sites/default/files/cdr/complete/SR0641%20Ajovy%20-%20CDEC%20Final%20Recommendation%20April%201%2C%202021\\_For%20Posting.pdf](https://www.cadth.ca/sites/default/files/cdr/complete/SR0641%20Ajovy%20-%20CDEC%20Final%20Recommendation%20April%201%2C%202021_For%20Posting.pdf).

115. CADTH Recommendation ERENUMAB [Internet]. [cited 2024 Mar 8]. Available at: [https://www.cadth.ca/sites/default/files/cdr/complete/SR0578%20Aimovig%20-%20CDEC%20Final%20Recommendation%20July%202024%2C%202020%20%28redacted%29\\_For%20Posting.pdf](https://www.cadth.ca/sites/default/files/cdr/complete/SR0578%20Aimovig%20-%20CDEC%20Final%20Recommendation%20July%202024%2C%202020%20%28redacted%29_For%20Posting.pdf).

116. CADTH Recommendation GALCANEZUMAB [Internet]. [cited 2024 Mar 8]. Available at: <https://www.cadth.ca/sites/default/files/DRR/2021/SR0693%20Emgality%20-%20CADTH%20Final%20Rec.pdf>.

117. CADTH Recommendation EPTINEZUMAB [Internet]. [cited 2024 Mar 8]. Available from: [https://www.cadth.ca/sites/default/files/DRR/2023/SR0743%20Vypti%20-%20Final%20CADTH%20Recommendation%20\(with%20redactions\)%20final%20-%20KH%20-%20DM%20-%20KH2-meta%20\(1\).pdf](https://www.cadth.ca/sites/default/files/DRR/2023/SR0743%20Vypti%20-%20Final%20CADTH%20Recommendation%20(with%20redactions)%20final%20-%20KH%20-%20DM%20-%20KH2-meta%20(1).pdf).

118. CADTH Recommendation ATOGEPANT [Internet]. [cited 2024 Mar 8]. Available from: <https://www.cadth.ca/sites/default/files/DRR/2023/SR0724%20Qulipta%20-%20Final%20CADTH%20Recommendation%20June%202023%20Final.pdf>.

119. Haycox A, Bagust A, Walley T. Clinical guidelines—the hidden costs. *BMJ.* 1999;318:391–3.

120. Hill SR, Olson LG, Falck-Ytter Y, et al. Incorporating considerations of cost-effectiveness, affordability, and resource implications in guideline development: article 6 in integrating and coordinating efforts in COPD guideline development. An official ATS/ERS workshop report. *Proc Am Thorac Soc.* 2012;9:251–5.

121. Ellis A, Walton S, Otuonye I. Calcitonin gene-related peptide (CGRP) inhibitors as preventive treatments for patients with episodic or chronic migraine: effectiveness and value. *Inst Clin Econ Rev.* 2018;21:666–675.

122. Hepp Z, Dodick DW, Varon SF, Gillard P, Hansen RN, Devine EB. Adherence to oral migraine-preventive medications among patients with chronic migraine. *Cephalalgia.* 2015;35:478–88.

123. Hepp Z, Dodick DW, Varon SF, et al. Persistence and switching patterns of oral migraine prophylactic medications among patients with chronic migraine: a retrospective claims analysis. *Cephalalgia.* 2017;37:470–85.

124. Schwedt TJ, Lee JH, Kniewel K, et al. *Real-world persistence and costs among patients with chronic migraine treated with OnabotulinumtoxinA or CGRP mAbs: a retrospective claims analysis study (P10-2.004)*. AAN Enterprises; 2022.
125. Amoozegar F, Khan Z, Oviedo-Ovando M, Sauriol S, Rochdi D. The burden of illness of migraine in Canada: new insights on humanistic and economic cost. *Can J Neurol Sci*. 2022;49:249–62.
126. Buse DC, Manack AN, Fanning KM, et al. Chronic migraine prevalence, disability, and sociodemographic factors: results from the American Migraine Prevalence and Prevention Study. *Headache J Head Face Pain*. 2012;52:1456–70.
127. Sussman M, Benner J, Neumann P, Menzin J. Cost-effectiveness analysis of erenumab for the preventive treatment of episodic and chronic migraine: results from the US societal and payer perspectives. *Cephalalgia*. 2018;38:1644–57.
128. Griffiths EA, Vadlamudi NK. Cadth's \$50,000 cost-effectiveness threshold: fact or fiction? *Value Health*. 2016;19:A488–9.
129. Lazaro-Hernandez C, Caronna E, Rosell-Mirmi J, et al. Early and annual projected savings from anti-CGRP monoclonal antibodies in migraine prevention: a cost-benefit analysis in the working-age population. *J Headache Pain*. 2024;25:21.
130. Downing NS, Shah ND, Aminawung JA, et al. Postmarket safety events among novel therapeutics approved by the US Food and Drug Administration between 2001 and 2010. *JAMA*. 2017;317:1854–63.
131. Sun W, Li Y, Xia B, et al. Adverse event reporting of four anti-Calcitonin gene-related peptide monoclonal antibodies for migraine prevention: a real-world study based on the FDA adverse event reporting system. *Front Pharmacol*. 2024;14:1–257282.
132. Mathew PG, Klein BC. Getting to the heart of the matter: migraine, triptans, DHE, ditans, CGRP antibodies, first/Second-generation gepants, and cardiovascular risk. *Headache J Head Face Pain*. 2019;59:1421–6.
133. Wang Q, Liu J, Sun H, et al. Adverse event profile of CGRP monoclonal antibodies: findings from the FDA adverse event reporting database. *Expert Opin Drug Saf*. 2023;0:1–11.
134. Breen ID, Brumfiel CM, Patel MH, et al. Evaluation of the safety of calcitonin gene-related peptide antagonists for migraine treatment among adults with Raynaud phenomenon. *JAMA Netw Open*. 2021;4:e217934–e217934.
135. Evans RW. Raynaud's phenomenon associated with calcitonin gene-related peptide monoclonal antibody antagonists. *Headache J Head Face Pain*. 2019;59:1360–4.
136. Manickam AH, Buture A, Tomkins E, Ruttledge M. Raynaud's phenomenon secondary to erenumab in a patient with chronic migraine. *Clin Case Rep*. 2021;9:e04625.
137. Overeem LH, Peikert A, Hofacker MD, et al. Effect of antibody switch in non-responders to a CGRP receptor antibody treatment in migraine: a multi-center retrospective cohort study. *Cephalalgia*. 2022;42:291–301.
138. Patier Ruiz I, Sánchez-Rubio Ferrández J, Cárcamo Fonfría A, Molina García T. Early experiences in switching between monoclonal antibodies in patients with nonresponsive migraine in Spain: a case series. *Eur Neurol*. 2022;85:132–5.
139. Ziegeler C, May A. Non-responders to treatment with antibodies to the CGRP-receptor may profit from a switch of antibody class. *Headache*. 2019;60:469–70.
140. Lambru G, Caponnetto V, Hill B, et al. Long-term effect of switching from an anti-CGRP receptor to an anti-CGRP ligand antibody in treatment-refractory chronic migraine: a prospective real-world analysis. *Neurotherapeutics*. 2023;20:1284–93.
141. Straube A, Broessner G, Gaul C, et al. Real-world effectiveness of fremanezumab in patients with migraine switching from another mAb targeting the CGRP pathway: a subgroup analysis of the Finesse Study. *J Headache Pain*. 2023;24:59.

## Reference

1. Medrea I, Cooper P, Lagman-Bartolome AM, et al. Updated Canadian Headache Society migraine prevention guideline with systematic review and meta-analysis. *Can J Neurol Sci*. 2024;1-23:1–23. DOI: [10.1017/cjn.2024.285](https://doi.org/10.1017/cjn.2024.285).