



Erenumab

Revised: November 15, 2023.

CASRN: 1582205-90-0

Drug Levels and Effects

Summary of Use during Lactation

No information is available on the passage of erenumab into breastmilk. Because erenumab is a large protein molecule with a molecular weight of 150,000 Da, the amount in milk is likely to be very low.[1] It is also likely to be partially destroyed in the infant's gastrointestinal tract and absorption by the infant is probably minimal.[2] Two infants have been breastfed during maternal erenumab therapy without any adverse effects. Until more data become available, erenumab injection should be used with caution during breastfeeding, especially while nursing a newborn or preterm infant. Waiting for at least 2 weeks postpartum to resume therapy may minimize transfer to the infant.[3]

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

A postpartum woman who was nursing her 21-month-old infant twice daily had chronic migraine unresponsive to conventional treatment. Erenumab was begun at a dose of 70 mg (presumably subcutaneously once monthly). The mother noted no adverse effects in the infant over the following 5 months. The infant developed adequately, and each of seven mandatory childhood check-ups was normal. No infections occurred, and no problems with nutrition were noted.[4]

A woman with a long history of migraine received subcutaneous erenumab 70 mg monthly during pregnancy and postpartum. After delivery, she partially breastfed her infant in an unspecified proportion of breastmilk. The mother was told the baby was meeting normal developmental milestones at visits with the baby's pediatrician. At the 6-month pediatrician visit, the baby's weight was 8.15 kg (80th percentile), height 71.8 cm (>95th percentile), and head circumference 43.2 cm (75th percentile).[5]

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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A review of the database of reports of suspected adverse reactions maintained by the World Health Organization identified one report of an infant who experienced poor feeding during maternal use of erenumab. No further details were provided.[6]

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Alternate Drugs to Consider

(Migraine Prophylaxis) [Divalproex](#), [Metoprolol](#), [Nortriptyline](#), [Propranolol](#), [Rimegepant](#), [Topiramate](#), [Valproic Acid](#)

References

1. Stratigakis A, Paty D, Zou P, et al. A regression approach for assessing large molecular drug concentration in breast milk. *Reprod Breed* 2023;3:199-207. doi:10.1016/j.repbre.2023.10.003
2. Anderson PO. Monoclonal antibodies during breastfeeding. *Breastfeed Med* 2021;16:591-3. PubMed PMID: 33956488.
3. Krysko KM, Dobson R, Alroughani R, et al. Family planning considerations in people with multiple sclerosis. *Lancet Neurol* 2023;22:350-66. PubMed PMID: 36931808.
4. Henze T. Erenumab during breastfeeding. *Breastfeed Med* 2019;14:513-4. PubMed PMID: 31381367.
5. Vig SJ, Garza J, Tao Y. The use of erenumab for migraine prophylaxis during pregnancy: A case report and narrative review. *Headache* 2022;62:1256-63. PubMed PMID: 35467013.
6. Nosedá R, Bedussi F, Gobbi C, et al. Safety profile of erenumab, galcanezumab and fremanezumab in pregnancy and lactation: Analysis of the WHO pharmacovigilance database. *Cephalalgia* 2021;41:789-98. PubMed PMID: 33435709.

Substance Identification

Substance Name

Erenumab

CAS Registry Number

1582205-90-0

Drug Class

Breast Feeding

Lactation

Milk, Human

Antibodies, Monoclonal