contraindications, warnings, and precautions for patients with cardiovascular risk factors and disease (See Alwhaibi M, et al. Pain Res Treat. 2016; 2016:8538101, and Gilmore B, Michael M. Am Fam Physician. 2011(83)271-280). Thus, for prior monotherapy or dual therapy migraine prevention and/or treatments, a substantial fraction of patients may fail to achieve headache relief and/or freedom from pain in response to treatment or preventative therapy. Further, some patients, referred to herein as therapy resistant migraine patients, will fail to successfully manage their migraine attacks and will suffer from migraines which are refractory to two or more prior monotherapy and/or dual therapy prevention or treatment regimens. These inadequately controlled migraine patients may have a number of migraine days per-month that continues to be significantly disabling.

There exists a need for more and different therapies that may prove to be effective in preventing migraine, and/or reducing the patients' susceptibility to migraine, and in particular for the prevention of therapy resistant migraines. Therapy resistant migraines is defined herein as migraine refractory to two or more prior monotherapy and/or dual therapy prevention and/or treatment regimens. Thus, there exists a need for new prevention options for patients who suffer from migraine attacks and have previously failed migraine preventative medications.

**Summary**

In one aspect, the present disclosure refers to a use of 2,4,6-trifluoro-N-[6-(1-methyl-piperidin-4-ylcarbonyl)-pyridin-2-yl]-benzamide, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for the prevention of migraine in a patient, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose for at least five consecutive nights.

In one aspect of the present disclosure, there is provided a use of 2,4,6-trifluoro-N-[6-(1-methyl-piperidin-4-ylcarbonyl)-pyridin-2-yl]-benzamide, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for the prevention of migraine in a patient, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose every other night for at least ten consecutive nights.

## Description

The present invention provides for chronic nightly administration of lasmiditan and methods of preventing migraine. Chronic nightly administration of lasmiditan represents an innovative approach for prevention of migraine by selectively targeting 5-$HT_{1F}$ with long-term nightly administration targeted to coincide with patients sleeping hours. Further, the

What is claimed:

1. Use of 2,4,6-trifluoro-N-[6-(1-methyl-piperidin-4-ylcarbonyl)-pyridin-2-yl]-benzamide, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for the prevention of migraine in a patient, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose for at least five consecutive nights.

2. The use of claim 1, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose for at least thirty consecutive nights.

3. Use of 2,4,6-trifluoro-N-[6-(1-methyl-piperidin-4-ylcarbonyl)-pyridin-2-yl]-benzamide, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for the prevention of migraine in a patient, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose every other night for at least ten consecutive nights.

4. The use of claim 3, wherein the medicament is to be orally administered nightly in a dose of 25-200 mg per dose every other night for at least thirty consecutive nights.

5. The use according to any one of claims 1 to 4, wherein the patients' migraines have been refractory to two or more prior monotherapy and/or dual therapy treatment and/or prevention regimens.

6. The use according to any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 25 mg.

7. The use of any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 50 mg.

8. The use of any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 75 mg.

9. The use of any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 100 mg.

10. The use of any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 150 mg.

11. The use of any one of claims 1 to 5, wherein the medicament is to be administered at a dose of 200 mg.