Migraine – Acute Treatments | Treatment Algorithms | Claims Data Analysis | US | 2015

For the estimated 36 million people in the United States who experience migraines, multiple prescription therapies are available that have proved effective in acutely treating migraine pain and its associated symptoms. Among approved prescription medications, the migraine-specific triptan drug class represents the largest—and most extensively prescribed—group of acute therapies, and the increasing genericization of this class will help maintain this drug class’s preferred status. All of the molecules in this class are available as oral tablet formulations, and several are also available in non-oral formulations (e.g., nasal sprays, subcutaneous [SC] injectables), which serve as alternative treatment options for patients with precise clinical needs. Additional therapies, including ergotamine derivatives and select non-migraine-specific analgesics, represent the remaining therapies formally approved for the acute treatment of migraine. Agents from these last two classes are generally reserved for patients who do not respond satisfactorily, cannot tolerate, or, in the case of non-migraine-specific analgesics, are contraindicated to triptans. Using national patient-level claims data, the “Treatment Algorithms in Migraine—Acute Treatments” report explores the use of key acute antimigraine therapies and drug classes among treatment-naive and recently treated migraine patient populations. The report provides a quantitative analysis of treatment patterns and share of acute therapies by line of therapy, as well as progression between lines of acute treatment, duration of treatment on each line, and use of concomitant acute treatment, among treatment-naive patients. The report also quantifies an acute drug’s overall drug share and source of business compared with its competitors among recently treated patients, detailing which acute drugs precede others through an analysis of add-versus-switch patterns. Two additional claims database queries explore persistency and compliance by acute therapy.

Questions Answered in This Report:

- Newly diagnosed patients: Consistent with migraine treatment guidelines, the triptan drug class dominates the acute prescription treatment of migraine across all lines of therapy. What are the most common first-, second-, and third-line triptans for newly diagnosed migraine patients? Where do brand-only and recently generic triptans, including Relpax (Pfizer’s eletriptan), rizatriptan (Merck & Co.’s Maxalt/Maxalt MLT, generics), and zolmitriptan (AstraZeneca/Impax Pharmaceuticals’ Zomig/Zomig ZMT, generics), fall across each line of acute therapy? How do the various non-oral formulations of triptans (e.g., nasal sprays, SC injectables) fit in the acute treatment algorithm? What percentage of newly diagnosed migraine patients switched to later lines of acute treatment over the course of two years? To what extent are newly diagnosed patients prescribed concomitant acute prescription drugs?
Recently treated patients: Triptans are also the most widely prescribed acute antimigraine therapies among recently treated migraine patients. How do the pathways to each triptan differ? How long does it take a patient to move through a preceding acute therapy before receiving key acute therapies queried? What are the most typical switch patterns between triptans? To what extent does persistency vary among triptans? How compliant are migraine patients with orally administered triptans compared with non-oral triptan formulations?

Pathways to key therapies: Longitudinal claims data reveal relatively consistent use patterns of acute antimigraine therapies among recently treated patients. Which therapies have experienced market growth or decline over the key therapy periods studied? To what extent are key therapies prescribed concomitantly to recently treated patients? Which prescription therapies are most commonly prescribed as part of a regimen?

Scope:

Primary patient-level data: This report provides quantitative findings from our analysis of data covering approximately 40 million lives and provides the most representative sample of U.S. treatment practice for Medicare and commercially insured patients. This report is delivered as a key findings slide deck and a dashboard that can be accessed using the Internet with claims that are 6-12 months old at the time of publication.

Patient Sample: Patients aged 15 or older who are continuously enrolled for the complete 4.5-year study period must meet the following condition: at least two claims with a diagnosis code for migraine (International Classification of Diseases, Ninth Revision [ICD-9] diagnostic codes 346.00-346.93 [inclusive]) during the study period.

Quantified lines of therapy analyses show exact share of each acute antimigraine agent in each line of therapy, including rate of progression between lines and length of time patients are on each line.

Newly diagnosed patients:
- Patient share by acute antimigraine drug class and key acute products across three lines of therapy within two years of diagnosis.
- Patient flowcharts through one year of treatment for all first-line products, including progression rates and add/switch behavior.
- Polypharmacy and concomitant prescriptions among key acute therapies by line of therapy.
- Quarterly trending of patient share by line of therapy.

Recently treated patients:
- Quarterly snapshot of patient share by drug class and key products.
- Pathway to key therapy flowcharts tracking the preceding therapy patterns for all key therapies, including add/switch behavior.
- Brand source of business including share for continuing, new (switches/adds), and new (initial therapy) business.
- Polypharmacy and key concomitant therapies.
- Drug persistence and compliance.
- Quarterly trends in patient share for all key therapies.

Report Details

- Pub Date: October 2015
- Author(s): ["Angela M. Sparrow, Ph.D."]