



PF19: Acute Medication Utilization among Migraine Patients Initiating Prophylaxis

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Background: The objective of this analysis was to describe the use of specific and non-specific acute migraine medications in a cohort of commercially insured migraine patients initiating prophylactic therapy.

Methods: The Truven Health MarketScanVR Research Databases were used to identify adults (age ≥ 18) migraine patients in the United States who initiated prophylactic medication (index event) between 2006 and 2012 and did not receive any prophylactic treatment in the prior 12 month-period. Migraine diagnosis was defined as meeting at least one of the following criteria: ≥ 1 inpatient stay or emergency room visit or ≥ 2 outpatient office visits with a diagnosis of migraine; ≥ 2 prescriptions for triptan and/or ergotamine; or ≥ 1 outpatient office visit with a migraine diagnosis and ≥ 1 prescription for a triptan, ergotamine, or topiramate. Patients were required to be continuously enrolled for at least 12 months before and 24 months following prophylactic medication initiation; patients were followed for up to 5 years. The following prophylactic medication cohorts were evaluated: topiramate, other anticonvulsants, beta-blockers, tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors (SNRI), calcium channel blockers, anti-hypertensives, or others (Botox, cyproheptadine, methysergide etc).

Results: A total of 147,832 patients met the study selection criteria, of which 95,793 (64.8%) had ≥ 3 years of follow-up post-prophylactic medication initiation and 39,999 (27.1%) had five years of follow-up. Overall, the mean age was 43.6 years (SD512.4) and 83.0% were female. More patients initiated prophylactic therapy with topiramate (22.7%) than beta-blockers (19.4%), tricyclics (15.0%), other anti-convulsants (13.8%), SNRIs (10.6%), anti-hypertensives (8.0%), other (7.2%) or calcium channel blockers (3.2%). Most patients (83.7%) used at least one acute medication within one year of initiating prophylaxis, increasing to 97.3% over five years of follow-up. One-half (50.9%) of patients used a triptan within one year of initiating prophylaxis, increasing to 67.0% over five years. Among patients who used a triptan, the average days supplied was 101.0 (SD5122.1) in the first year and 419.1 (SD5501.5) over five years. Opioid use was common, increasing from 51.4% in the first year post-prophylaxis initiation to 84.1% over five years. Among patients treated with opioids, the mean days supplied in the first year was 83.5 (SD5155.2) and was 290.5 (SD5651.0) over five years. While very few patients used ergotamines at



any time post-prophylactic initiation (2.6%), prescription NSAID use was common, increasing from 38.7% in the first year post-prophylaxis initiation to 73.5% over five years, with a corresponding average days supplied of 83.4 (SD5105.8) and 242.7 (SD5394.0), respectively.

Conclusion: The use of acute migraine medications was common in this large commercially insured population of migraine patients receiving prophylactic treatment, reflecting an unmet need for improved prophylactic therapies. The majority of these patients used an opioid sometime during follow-up; factors contributing to this use and its long term consequences warrant further investigation.