

# Opioid Use among Migraine Patients Treated with Acute and Preventive Treatment

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## INTRODUCTION

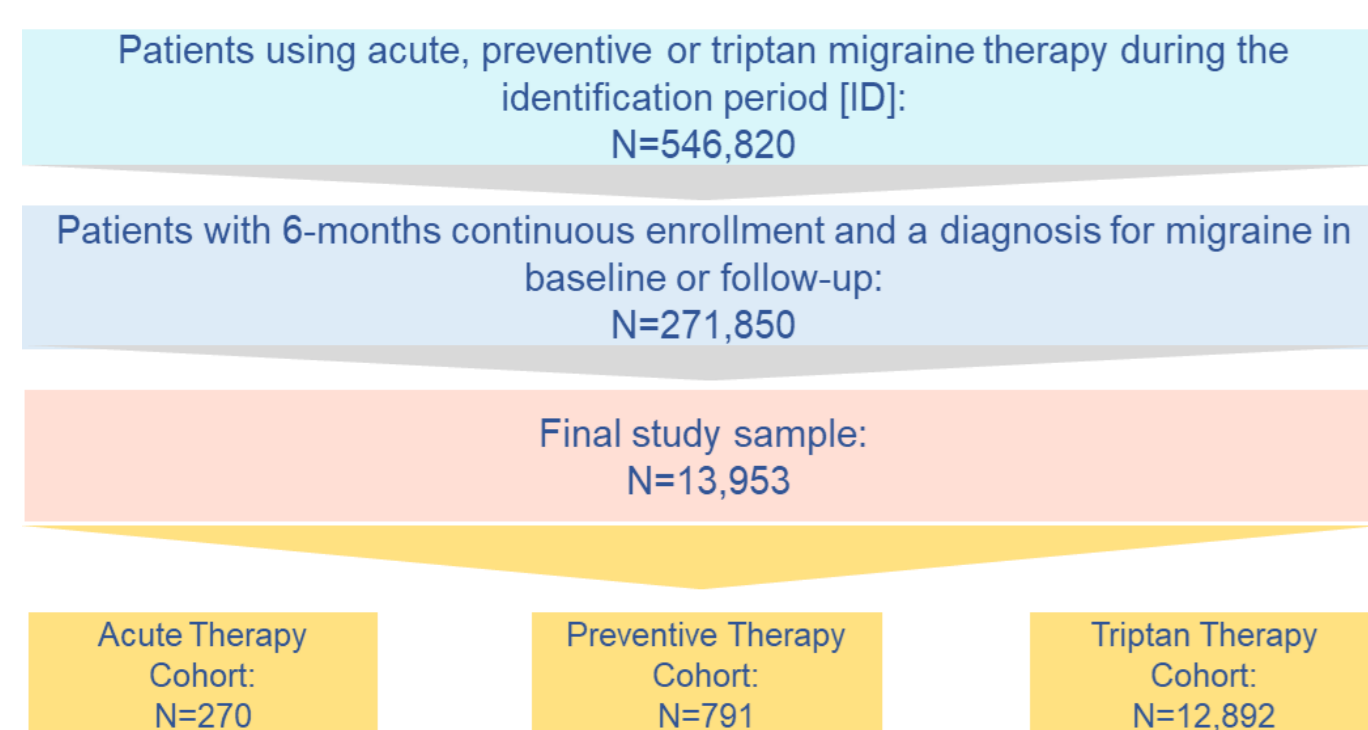
- Treatment options for migraine include acute, preventive, and non-pharmacological therapies. Acute therapies are intended to address symptoms of a migraine attack, and preventative therapies are used prophylactically to reduce the frequency of attacks.<sup>1</sup>
- Opioids, though not FDA-approved treatment options for migraine, are commonly used among patients with migraine, especially in emergency department (ED) settings. The use of opioids for migraine has been linked to medication overuse headache, more severe headache-related disability, and greater health care utilization.<sup>2</sup>

## OBJECTIVE

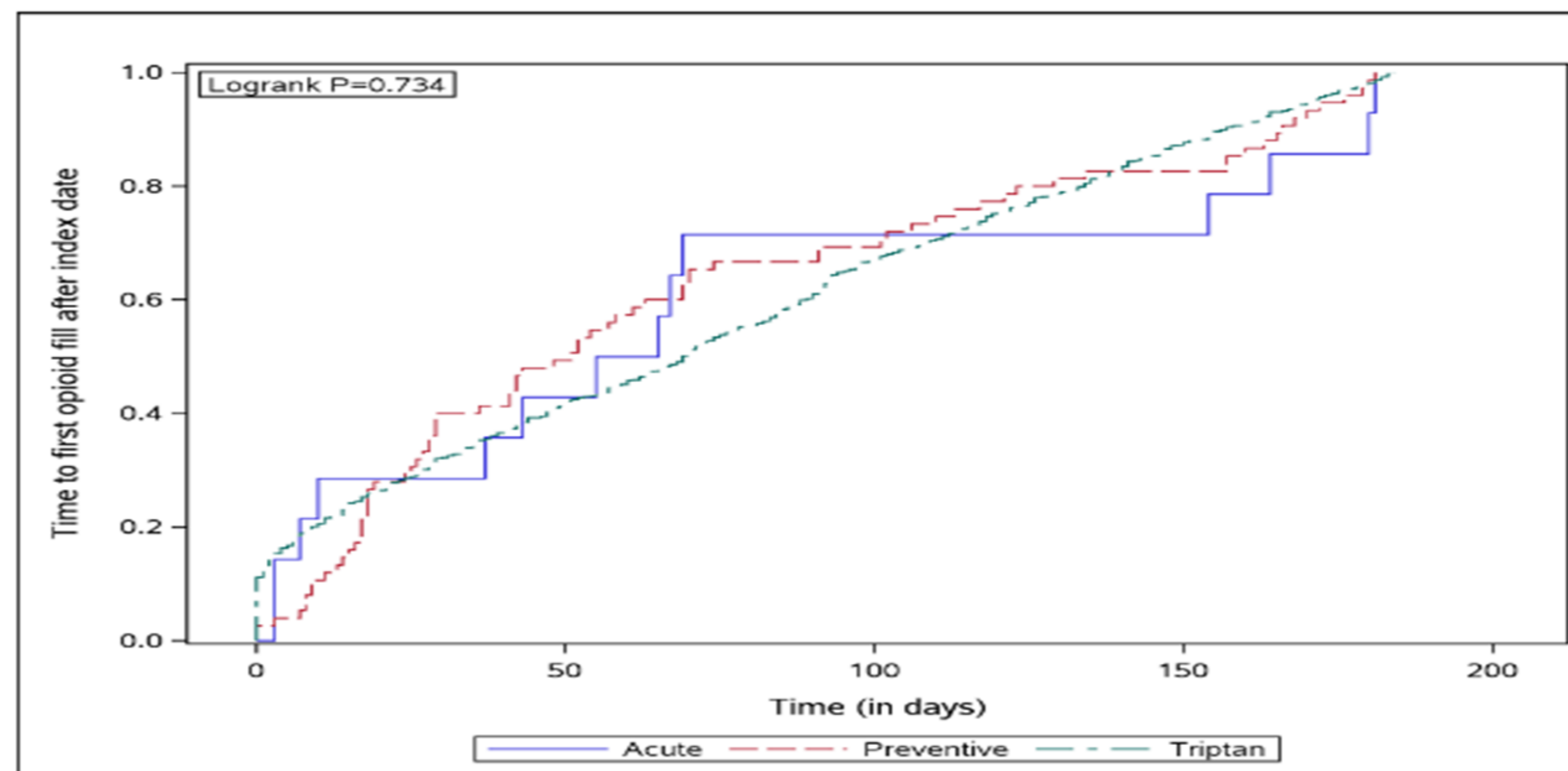
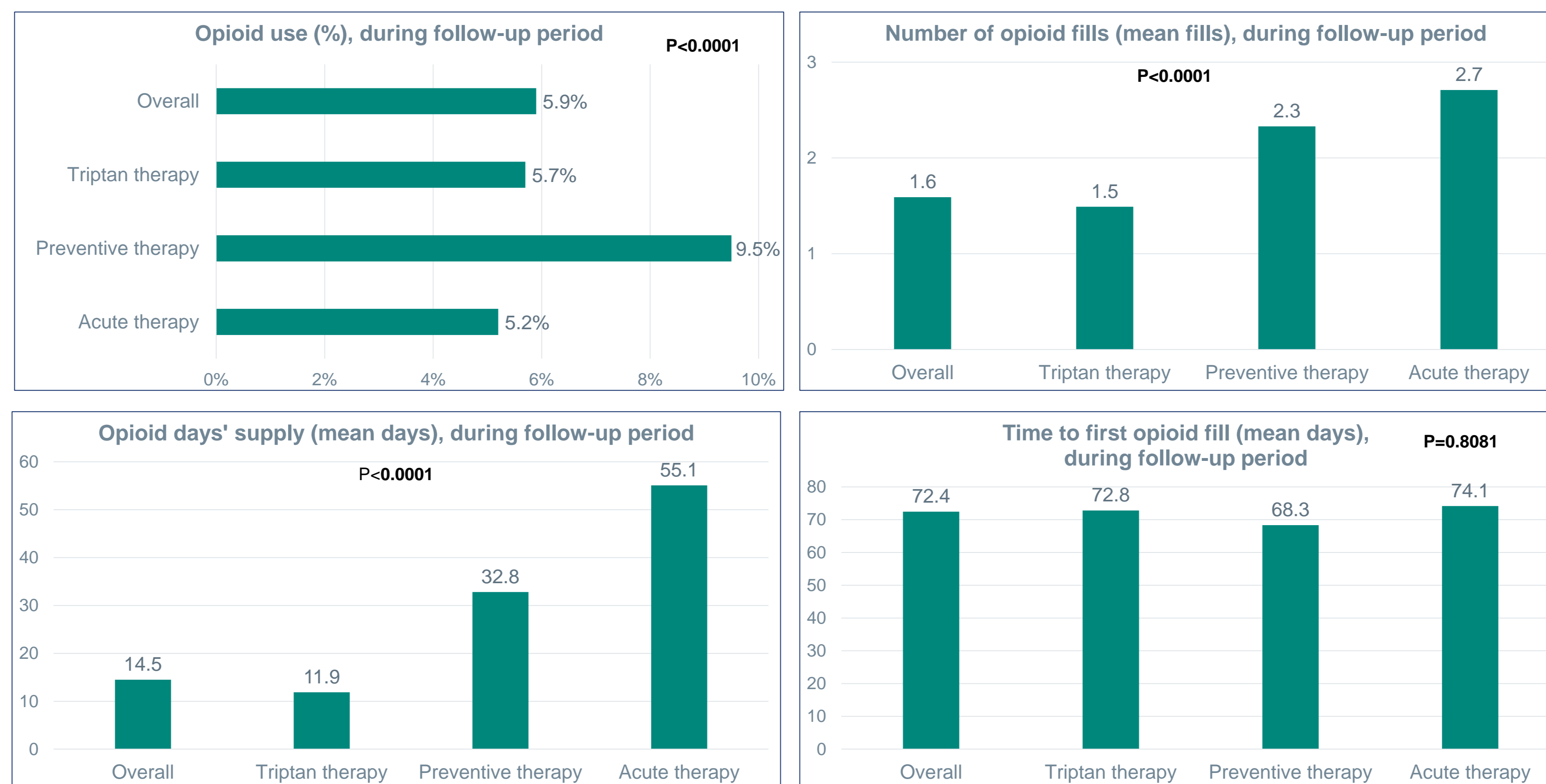
To assess real-world opioid utilization among migraine patients initiating on newer acute and preventive migraine therapies and on standard of care (triptans).

## METHODS

- Adults aged ≥18 years with ≥1 claim for a migraine therapy were identified from the Optum Research Database during the identification period of 01MAY2018-28FEB2022 (date of first claim=index date).
- Included patients had 6-month baseline and follow-up continuous health plan enrollment, ≥1 claim for migraine in baseline or follow-up, no evidence of their index drug type in baseline, and no diagnoses of pregnancy, HIV, malignancy, other headache types, and chronic pain during baseline or follow-up.
- Patient demographics and various opioid utilization metrics were compared descriptively between migraine patients undergoing acute (ubrogepant, rimegepant ≤8 days' supply, lasmiditan), preventive (galcanezumab, rimegepant >8 days' supply, erenumab, fremanezumab), and triptan-only treatment.
- Patients who had both triptan and acute or preventive treatment on index date were assigned to the acute or preventive cohort accordingly.



## RESULTS



Patient Demographics	Overall	Acute Therapy N=270	Preventive Therapy N=791	Triptan Therapy N=12,892	P-value
<b>Gender, n (%)</b>					<0.0001
Male	3,399 (24.4%)	48 (17.8%)	122 (15.4%)	3,229 (25.1%)	
Female	10,554 (75.6%)	222 (82.2%)	669 (84.6%)	9,663 (75.0%)	
<b>Age at index, mean (SD)</b>	40.7 (13.9)	43.7 (13.1)	42.8 (12.8)	40.5 (13.9)	<0.0001
<b>Race, n (%)</b>					0.006
Asian	488 (3.5%)	8 (3.0%)	14 (1.8%)	466 (3.6%)	
Black or African American	983 (7.1%)	19 (7.0%)	56 (7.1%)	908 (7.0%)	
Caucasian	10,571 (75.8%)	218 (80.7%)	637 (80.5%)	9,716 (75.4%)	
Hispanic	1,178 (8.4%)	14 (5.2%)	50 (6.3%)	1,114 (8.6%)	
Other/Unknown	733 (5.3%)	11 (4.1%)	34 (4.3%)	688 (5.3%)	
<b>Insurance status, n (%)</b>					<0.0001
Commercial	12,925 (92.7%)	233 (86.3%)	723 (91.5%)	11,969 (92.9%)	
Medicare	1,026 (7.4%)	37 (13.7%)	67 (8.5%)	922 (7.2%)	

## LIMITATIONS

- Claims data are collected for the purpose of payment and not research so the presence of a claim for a filled prescription does not indicate that the medication was consumed or that it was taken as prescribed.
- This study was conducted among commercial and MAPD enrollees, so the results may not be applicable to patients with other types of coverage (e.g., Medicaid) or uninsured.

## CONCLUSIONS

These findings suggest opioid use among migraine patients treated with both newer acute and preventive therapies and standard of care therapies, highlighting the potential unmet pain management need for these patients.

## REFERENCES

- Ailani J et al. The American Headache Society Consensus Statement: update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-39.
- Shao Q et al. Real-world opioid use among patients with migraine enrolled in US commercial insurance and risk factors associated with migraine progression. *J Manag Care Spec Pharm*. 2022 Nov;28(11):1272-1281.

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