BACKGROUND

• The calcitonin gene-related peptide (CGRP) monoclonal antibodies used for migraine prevention and CGRP receptor antagonists for abortive migraine treatment are being more utilized for migraine management.
• Though they have a similar mechanism of action, slight differences in their target may make dual therapy of these agents more effective in managing migraines with minimal concerns of increased safety risks.
• Dual CGRP therapy could be a beneficial option for patients with contraindications, history of intolerance, or lack of benefit to other migraine medications.

OBJECTIVES

The aim of the study is to assess the risk of adverse drug reactions resulting in therapy discontinuation when taking preventative and abortive dual CGRP agents compared to monotherapy.

METHODS

Study Design: Multicenter double arm retrospective analysis
Setting: Integrated health-system specialty pharmacy
Timeframe: May 2019 – June 10, 2021

DATA COLLECTION AND ENDPOINTS

- Data was obtained from Arbor® specialty pharmacy technology platform which is utilized by all health system specialty pharmacies included in the study.
- Data was organized into two arms including a monotherapy arm consisting of patients only ever actively system specialty pharmacies included in the study.
- Descriptive statistics were utilized to analyze the collected data.

PREVENTIVE

- Erenumab
- Galcanezumab
- Fremanezumab

ABORTIVE

- Rimegepant
- Ubrogepant

EXCLUSION

- Eptinezumab

RESULTS

THERAPIES DISCONTINUED DUE TO ADVERSE DRUG REACTION

- Monotherapy Group: Discontinued Medications
- Dual Therapy Group: Discontinued Medications

INTERVENTIONS DUE TO ADVERSE DRUG REACTIONS (ADRs)

- Pharmacists Interventions
  - Constipation: 22% / 26%
  - Allergic Reaction: 15% / 17%
  - Dizziness: 15% / 9%
  - Nausea: 15% / 17%
  - Other: 17% / 13%
  - Injection site reaction: 22% / 17%

- Patient reported ADRs
  - Constipation: 22%
  - Allergic Reaction: 15%
  - Dizziness: 15%
  - Nausea: 15%
  - Injection site reaction: 22%

- Difference in ADR interventions was 0.72%

- Monotherapy
  - 2.38
  - 3.33%

- Dual Therapy
  - 1.90
  - 3.39%

- Difference in therapy discontinuation rate was 1.07%

- Monotherapy: 1.82%
- Dual Therapy: 2.54%

DISCUSSION AND CONCLUSIONS

CONCLUSION

- Incidence of adverse drug reactions was low between both arms.
- There was a minimal difference in adverse drug events between the arms.

ADDITIONAL CONSIDERATIONS

- Limited evidence in literature
- Large sample size (n=2,523)
- National, multicenter population

REFERENCES