

Utilization and Persistency Patterns of CGRP Abortive Therapies: Insights from Pharmacy Claims Data

Sara Chea, PharmD; Stephen Kang, PharmD; Jeffrey He, PharmD, APh

Ventegra, Glendale, CA, USA



Background

- According to the 2025 Evidence-based guidelines for the pharmacological treatment of migraine from the International Headache Society (IHS), three calcitonin gene-related peptide (CGRP) receptor antagonists are strongly recommended with high quality of evidence for abortive treatment of migraines:
 - Rimegepant 75 mg oral disintegrating tablet
 - Ubrogepant 50 and 100 mg oral tablet
 - Zavegepant 10 mg intranasal spray
- There is limited real-world evidence analyzing persistency rates for CGRP abortive agents.

Objective

- To review persistency rates of three guideline-recommended CGRP abortive therapies with different routes of administration through retrospective analysis of refill patterns and patient-perceived efficacy.

Methods

- A retrospective claims-based analysis from January to December 2025 compared utilization trends between unique utilizers for rimegepant (n=120), ubrogepant (n=247), and zavegepant (n=121).
- Inclusion was based on the first abortive CGRP claim between January to June 2025 for patients not on such therapies in 2024; and observed a 6 month tracking window for refills.
- Key metrics included number of paid claims and number of refills per patient.
 - Number of paid claims were analyzed for comparative utilization patterns.
 - Number of refills served as a surrogate endpoint for treatment persistency.
- Using prior authorization data, CGRP abortive therapy discontinuations (n=91) were analyzed for clinical evaluation, tolerability, and perceived efficacy.

References

1. Ornello R, Caponnetto V, Ahmed F, et al. Evidence-based guidelines for the pharmacological treatment of migraine, summary version. Cephalalgia. 2025;45(4). doi:10.1177/03331024251321500

Results

Figure 1. Percent of CGRP Unique Utilizers with Multiple Refills in 6 Months (First Fill between Jan-June 2025)

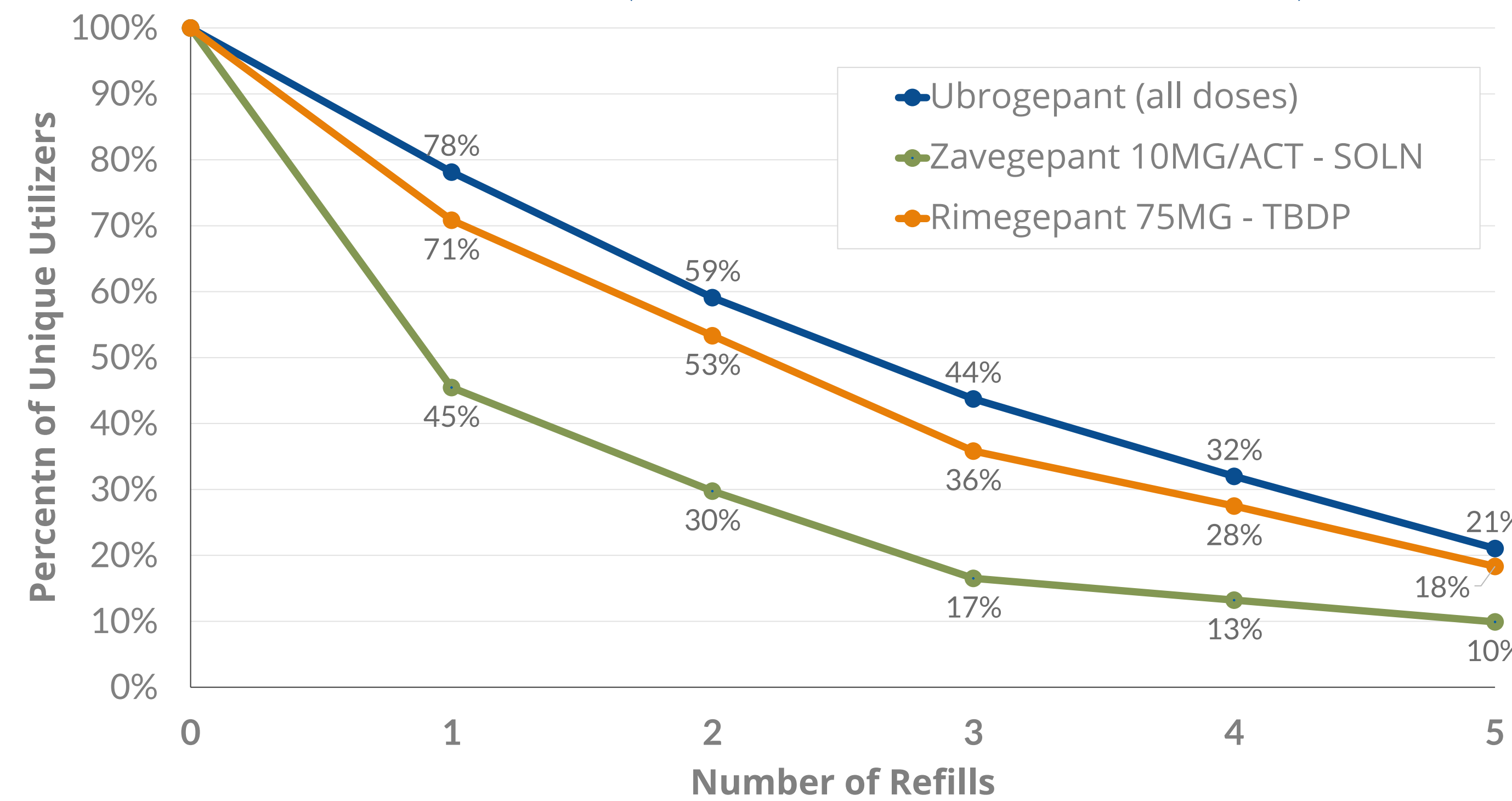


Figure 2. Percent of Unique Utilizers for CGRP Abortive Agents with >5 Refills in 6 Months (First Fill between Jan-June 2025)

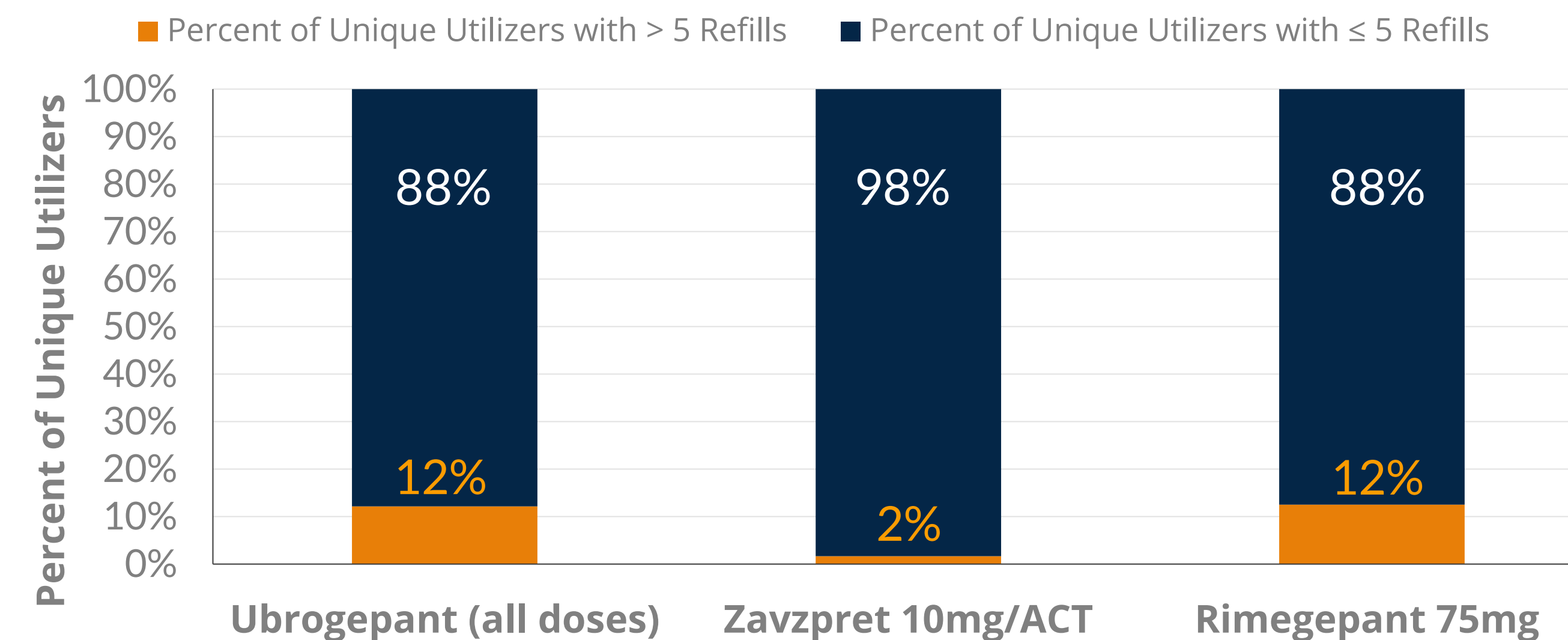
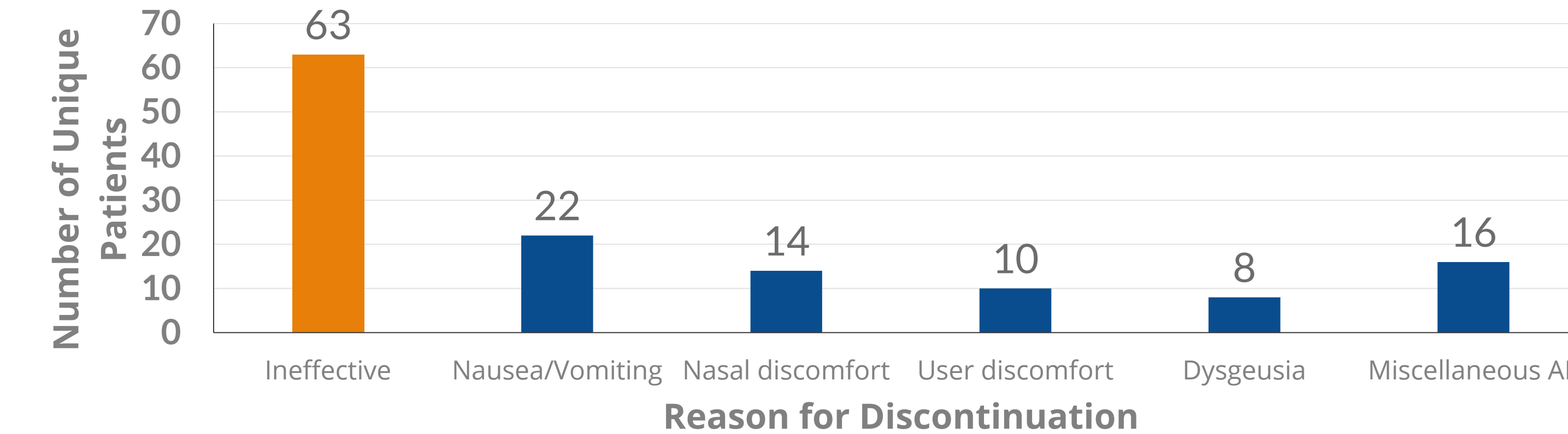


Figure 3. Reason for CGRP Abortive Therapy Discontinuation from Jan-Dec 2025 (n=91)



Conclusion

- Real-world data of utilization and adherence for CGRP abortive therapies show that all therapies have poor persistency rate after one fill, with zavegepant refill counts are numerically lower than that of rimegepant and ubrogepant.
- These findings suggest that CGRP abortive therapies may have low treatment continuity and may potentially reflect differences in efficacy, tolerability, or patient preference.
- Understanding these patterns can guide potential patient educational activities, improve patient satisfaction, and optimize drug utilization management for clients.

Limitations

- Rimegepant is also indicated for migraine prophylaxis therapy and may or may not have been used for abortive treatment.
- For as needed rescue medication, the lack of abortive CGRP agent refills may or may not have been correlated with discontinuation.
- Prior authorization approval length is 12 months, which could have disrupted refill continuity and direction to formulary preferred agent(s).
- Utilizers of ubrogepant and rimegepant with documented discontinuation had a small sample size due to formulary placement.