Real-World Effectiveness of Ubrogepant Among Participants With Prior Treatment Failure: Subgroup Analysis From the UNIVERSE Study

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OBJECTIVE

To examine real-world effectiveness of ubrogepant for the acute treatment of migraine in patients who switched to ubrogepant due to the lack of efficacy of their prior acute treatment

CONCLUSIONS

Among patients who reported lack of efficacy as the reason for prior acute treatment failure, ubrogepant was associated with high satisfaction for achieving pain relief, ability to think clearly, and return to normal function

The majority of patients who switched to ubrogepant due to lack of efficacy with their prior acute treatment indicated they were likely to continue ubrogepant use

Ubrogepant was also associated with reductions in opioid and barbiturate use, suggesting additional clinical benefits for users

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INTRODUCTION

- Many acute treatment medications used for migraine attacks have been reported to be ineffective, poorly tolerated, or have contraindications and safety concerns[1]
- Ubrogepant is an oral calcitonin gene–related peptide receptor antagonist approved for the acute treatment of migraine with or without aura in adults[2]
- The safety and efficacy of ubrogepant has previously been demonstrated in the phase 3 ACHIEVE trials[3,4]; however, the effectiveness of ubrogepant in the real-world setting among patients, in particular those who experienced lack of efficacy with prior acute treatment, has yet to be characterized

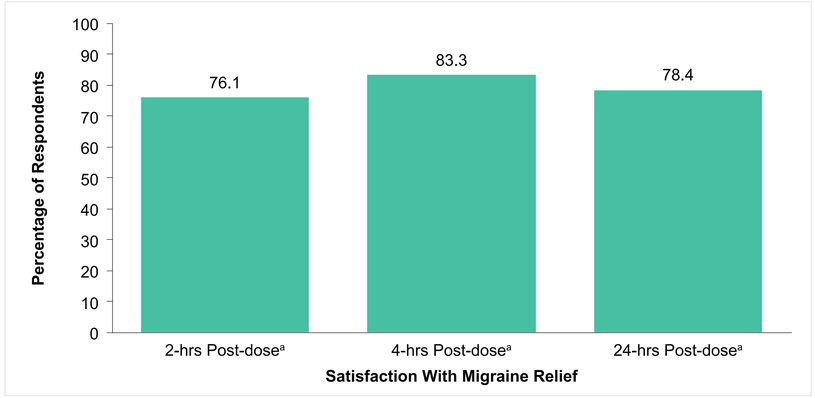
METHODS

- The UNIVERSE study was an observational, cross-sectional, non-interventional study of US adult Migraine Buddy application users who have self-reported using at least 4 doses of ubrogepant from February 2021 through April 2021
- Adults with any migraine type who indicated at least 1 dose of ubrogepant in the preceding 14 days completed a one-time, 29-question, self-reported survey that assessed:
  - Patient characteristics (including the reason to switch to ubrogepant)
  - Treatment patterns
  - Satisfaction with ubrogepant
- This subanalysis includes an evaluation of patient-reported outcomes from the 264 respondents who self-reported lack of efficacy as the reason for prior acute treatment failure

RESULTS

- A total of 302 patients were included in the UNIVERSE study population (mean age: 42 years, 90% female)
- Of these 302 patients, 87.4% (n=264) switched to ubrogepant due to their prior treatment's lack of efficacy
  - For this subgroup of 264 patients who switched due to lack of efficacy, the mean age was 42 years, 89% were female, 35.6% had chronic migraine, 55.9% previously tried ≥3 triptans, and 91.7% reported 7 to 12 months of ubrogepant use

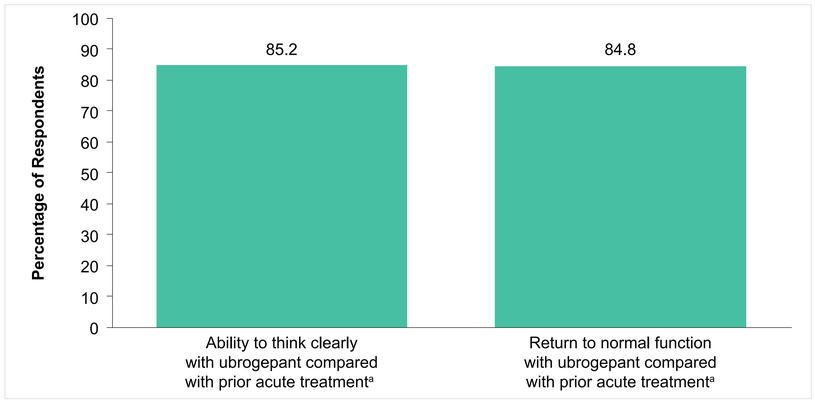
Satisfaction With Migraine Relief With Ubrogepant 2-hrs, 4-hrs, and 24-hrs Post Dose



[a]Respondents were asked, "Please rate your satisfaction with migraine relief at 2, 4, and 24 hours after dosing, for migraine headaches treated with ubrogepant." Responses included Extremely dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Extremely satisfied.

- The majority of patients reported being satisfied with ubrogepant for pain relief at 2 hours (76.1%), 4 hours (83.3%), and 24 hours (78.4%) post-dose

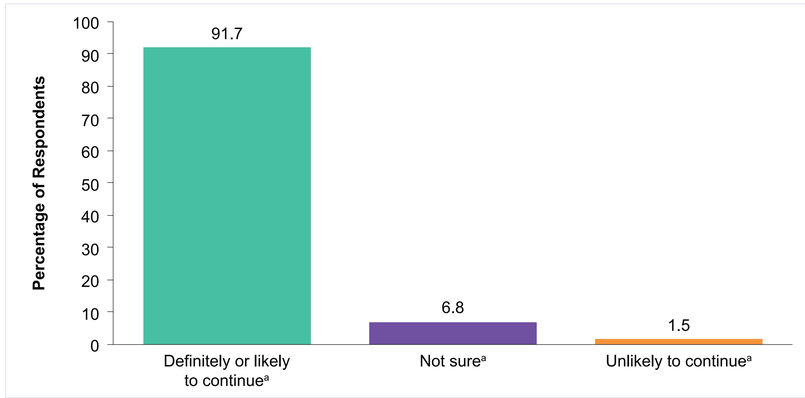
Self-Reported Satisfaction With Ability to Think Clearly and Return to Normal Function



[a]Respondents were asked, "Overall, how satisfied are you with your ability to think clearly (ability to return to normal activities) after taking ubrogepant, compared to the acute treatment(s) you used prior to starting ubrogepant." Responses included Extremely dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Extremely satisfied.

- A large proportion reported satisfaction for the ability to think clearly (85.2%) and with their return to normal function (84.8%) with ubrogepant compared with prior acute treatment

Self-Reported Likelihood to Continue Ubrogepant Use



[a]Respondents were asked, "How likely are you to continue using ubrogepant to treat your migraine headaches?" Responses included, Definitely will not continue, Unlikely to continue, Not sure, Likely to continue, Definitely will continue.

- 91.7% of participants who switched to ubrogepant due to lack of efficacy with prior treatment reported they were likely to continue using ubrogepant

Self-Reported Acute Medication Use Before and With Ubrogepant Use

n (%)	Overall population (N=302)			Lack of efficacy with prior acute treatment (n=264)		
	Before ubrogepant[a]	Along with ubrogepant[b]	Difference	Before ubrogepant[a]	Along with ubrogepant[b]	Difference
Barbiturates	118 (39.07)	44 (14.57)	−24.5%	104 (39.39)	39 (14.77)	−24.62%
Ergots	50 (16.56)	4 (1.32)	−15.3%	44 (16.67)	4 (1.52)	−15.15%
Lasmiditan	15 (4.97)	8 (2.65)	−2.4%	15 (5.68)	8 (3.03)	−2.65%
NSAIDs	273 (90.4)	158 (52.32)	−38.1%	241 (91.29)	141 (53.41)	−37.88%
Opioids	108 (35.76)	25 (8.28)	−27.4%	99 (37.50)	24 (9.09)	−28.41%
Other acute medication	192 (63.58)	85 (28.15)	−35.5%	175 (66.29)	78 (29.55)	−36.74%
Rimegepant	53 (17.55)	19 (6.29)	−11.2%	49 (18.56)	18 (6.82)	−11.74%
Triptans	254 (84.11)	86 (28.48)	−55.6%	221 (83.71)	77 (29.17)	−54.55%

[a]Before starting ubrogepant, which of the following medications did you ever use to treat your migraine headaches?
[b]Aside from ubrogepant, which of the following medications are you currently using to treat your migraine headaches?
NSAID, nonsteroidal anti-inflammatory drug.

- Analysis of prior and concurrent acute medications in participants who switched to ubrogepant due to lack of efficacy with prior treatment revealed reduced use of barbiturates (–25%), ergots (–15%), nonsteroidal anti-inflammatory drugs (–38%), opioids (–28%), triptans (–55%), and other acute medication classes (–37%)