

LOOKING AT ADHERENCE TO TREATMENTS TARGETING THE CALCITONIN GENE-RELATED PEPTIDE PATHWAY FROM THE LENS OF PHARMACOUTILIZATION: REAL-WORLD DATA

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Background. The real-world use of treatments targeting the CGRP pathway might deviate from physicians' prescriptions. We aimed to report the use of treatments targeting the CGRP pathway in relation to their effectiveness using pharmacoutilization data.

Methods. We collected prescription and dispensing data from a single center within the Italian Headache Registry (RICe). Clinical outcomes were assessed at each follow-up visit using MIDAS scores and monthly disabling headache days from medical records. We included only patients with a complete 12-month follow-upò. Therapeutic adherence was assessed using the Proportion of Days Covered(PDC), calculated as the ratio between days covered by dispensed medication and expected coverage days over 12 months for each drug. Changes from baseline were calculated as the difference between follow-up and baseline. Responders were defined as patients with a ≥50% reduction in monthly disabling headache days at months 10–12 compared with baseline. Correlation analyses assessed the relationship between adherence and reduction in monthly disabling headache days.

Results. The study included 127 patients, 104 women(81.9%) and 23 men(18.1%), with a mean age of 51.2±12.0 years (range 20–76). Fremanezumab was the most prescribed treatment (n=43,33.9%), followed by erenumab (n=39;30.7%), galcanezumab (n=28;22%) and eptinezumab (n=17;13.4%). Mean PDC to CGRP-targeting treatments was 86.3%, with 88 patients (69.3%) achieving ≥80% PDC. Subcutaneous therapies showed similar PDC (erenumab 90.7%, fremanezumab 86.6%, galcanezumab 89.9%), and higher adherence than eptinezumab (69.1%), which was the only treatment with adherence significantly below the 80% threshold (p=0.026). Overall, 80 patients (63%) were responders and 47 (37%) non-responders. During follow-up, 20 patients (15.7%) discontinued treatment due to inefficacy or intolerance. No significant correlation was found between adherence and clinical improvement, for either monthly disabling headache days or MIDAS score. Similarly, no differences were observed between high (≥80%) and low (<80%) adherence groups in the reduction of monthly disabling headache days (−8,4±9,8vs−8,9±11,1;p=0,888) or MIDAS score (−34,2±40,5vs−23,0±40,3;p=0,217).

Conclusions. Our observational study, based on pharmacoutilization data, suggests high adherence to self-administered CGRP-targeting treatments in real-world practice, irrespective of the degree of response. The lower adherence observed with eptinezumab may be related to the logistical demands of hospital-based intravenous administration compared with subcutaneous self-administration.