



Real-World Patterns in Preventive CGRP Use Pre and Post AHS 2024 Position Statement Update in a Commercially Insured Population

Rebecca Brown, PharmD Candidate^{1,2}, Revital Ronen³, Spenser Smith, PharmD³, Chris Woodward, PharmD³, Brenden O'Hara, RPh³
Howard University¹, AMCP & AMCP Foundation², Blue Cross Blue Shield North Carolina³



Background

- In March 2024, the American Headache Society (AHS) recommended earlier initiation of CGRP-targeted preventive therapies (pCGRPs).(2)
- Despite strong efficacy and tolerability, pCGRP uptake remains limited by barriers such as prior authorization, high cost, and provider familiarity.(3,4)
- This study evaluates pCGRP utilization before and after the position statement update, with a focus on initiation, discontinuation, and switching patterns.
- The study population included Blue Cross NC commercially insured adults aged 18–64 with at least one pCGRP claim, providing insight into real-world treatment dynamics.
- For Blue Cross NC, evaluating pCGRP adoption is critical to assess the impact of position statement updates on member outcomes, ensure equitable access to innovative therapies, and inform benefit design decisions.

Objective

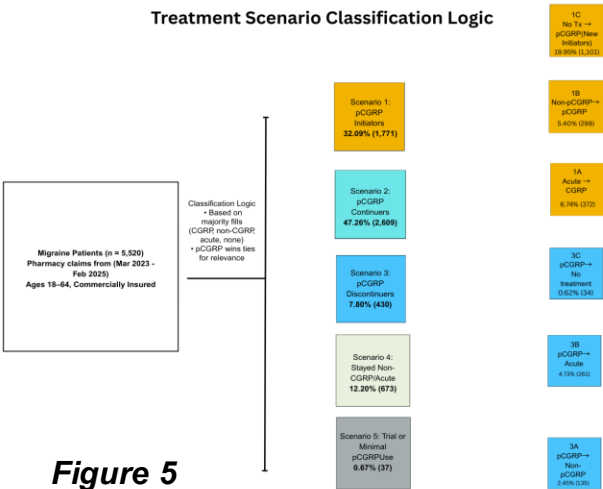
- Assess pCGRP utilization trends before and after the 2024 AHS position statement update
- Categorize treatment-switching patterns across pre- and post-periods
- Measure pCGRP initiation, discontinuation, and persistence
- Explore disparities by prescriber type, demographics, and geography

Methodology

- This retrospective observational study analyzed pharmacy claims data for commercially insured members aged 18–64 with a pCGRP claim between March 2023 and February 2025.
- Utilization patterns were evaluated in two periods: pre-position statement and post-position statement, following the 2024 American Headache Society recommendation update.
- Members were categorized into treatment-switching scenarios based on pCGRP, non-pCGRP, acute-only, or no treatment in both periods
- Scenario coding logic was developed to reflect clinical relevance, with majority fills determining treatment classification per period.
- Descriptive statistics were used to summarize member characteristics and treatment patterns.
- A total of 5,520 members were included in the final analysis.

Figure 5

Treatment Scenario Classification Logic



Background

Figure 1

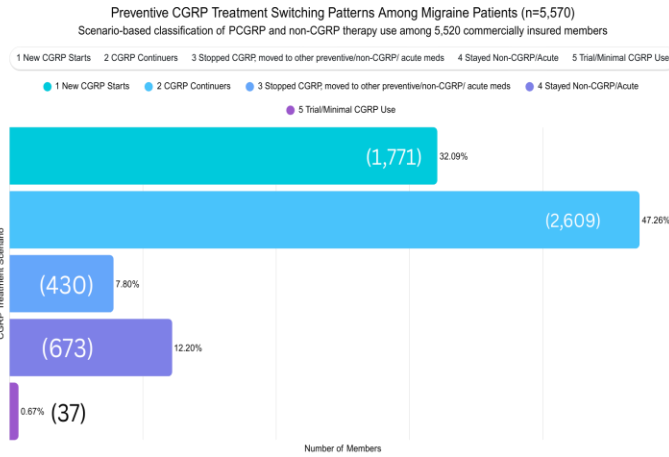


Figure 3

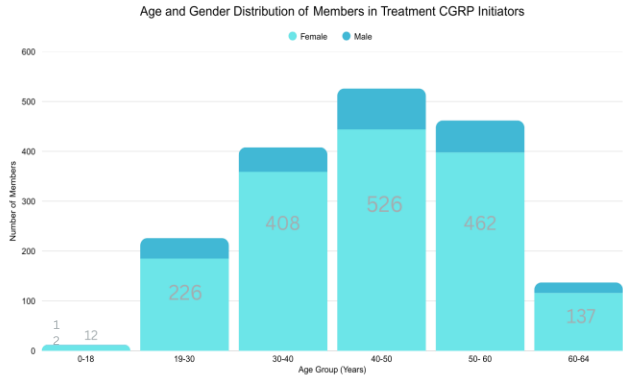


Figure 1: Distribution of pCGRP treatment switching patterns among migraine patients. Each bar represents the proportion of members falling into one of five scenario-based categories defined by changes in preventive/acute therapy usage pre- and post-AHS position statement.

Figure 2: Pie chart illustrating the distribution of total days' supply of preventive (pCGRP) therapies across the top 10 provider specialties in the post-position statement period.

Figure 2

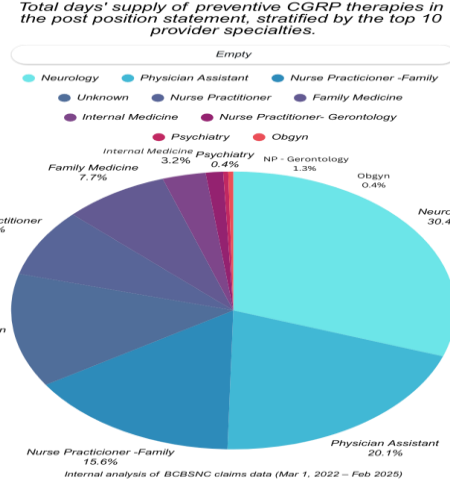


Figure 4

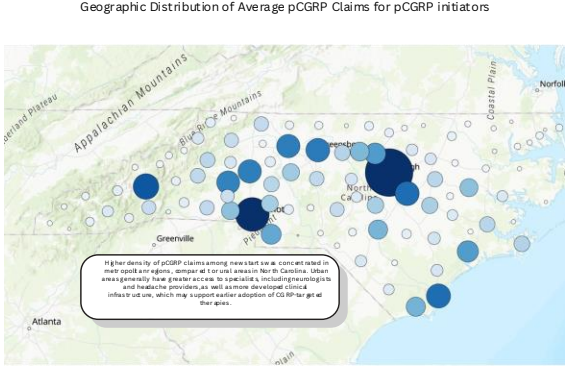


Figure 3: This stacked bar chart displays the age and gender distribution of members in pCGRP new starts.

Figure 4: This bubble map displays the average number of pCGRP claims in SNew Starts by ZIP code across North Carolina. Darker and larger circles indicate areas with higher average claims.

Discussion and Conclusions

- In the cohort of 5,520 identified migraine members, pCGRP utilization increased following the 2024 position statement. Among these members, **1,771 (32.1%) were new starts** and 2,609 (47.3%) were continuers. Of note, 1,473 (26.7%) transitioned from no preventive therapy or from acute-only treatment into a pCGRP, while 298 (5.4%) switched from a non-specific preventive migraine medication to a pCGRP. Given that over-the-counter acute migraine therapies are available, some members classified as “new starts” may in fact have prior or ongoing OTC use and thus may not represent fully treatment-naïve patients.
- Among the 430 members who discontinued pCGRP therapy, 135 (2.45%) transitioned to a non-pCGRP preventive, 261 (4.73%) switched to acute therapy only, and 34 (0.62%) discontinued all FDA-approved migraine therapies (per claims data).
- Prescriber specialty analysis showed that neurologists (30.4%), nurse practitioners (across specialties), and physician assistants (20.1%) were the primary prescribers of pCGRPs, while family medicine and internal medicine together accounted for <8%. These findings may highlight both the underutilization of pCGRPs in general practice settings and the critical role of non-physician prescribers in guiding migraine patient care.
- Targeting the new-start cohort specifically, the majority were **females aged 40–60**, consistent with known migraine prevalence patterns.
- Geographic mapping revealed higher pCGRP uptake in urban regions of North Carolina, with substantially lower utilization in rural counties. This suggests potential disparities in access tied to geography and provider availability. Overlaying prescribing patterns with diagnostic prevalence data may provide additional insight into gaps in care and opportunities for future quality-improvement initiatives.
- Future work should examine longer-term utilization trends, clinical outcomes, and strategies to address geographic and access-related disparities in pCGRP adoption.

Limitations

- Randomization was not applied, and causal relationships cannot be inferred from the observational design.
- Claims data reflect prescriptions filled, not medications taken; adherence and clinical intent remain unknown.
- Diagnosis and treatment classification relied on administrative codes, which may be subject to errors or omissions.
- The dataset includes only commercially insured members and may not represent other populations.
- Follow-up time after the position statement update may not fully capture long-term treatment patterns or delayed adoption.

References

- Lipton RB, Bigal ME, Diamond M, Freitag F, Reed ML, Stewart WF. Migraine prevalence, disease burden, and the need for preventive therapy. *Neurology*. 2007;68(5):343-349. doi:10.1212/01.wnl.0000252808.97649.21
- American Headache Society. The American Headache Society Position Statement: Calcitonin Gene-Related Peptide (CGRP) Inhibitors should now be considered a first-line option for migraine prevention. *Headache*. 2024;64(1):3-10. doi:10.1111/head.14590
- Burch RC, Buse DC, Lipton RB. Barriers to the initiation and continuation of preventive migraine treatment: Results from the OVERCOME study. *Headache*. 2021;61(8):1156-1173. doi:10.1111/head.14172
- Schwedt TJ, Chiang CC, Dodick DW, et al. Barriers to the use of calcitonin gene-related peptide (CGRP) monoclonal antibody therapies. *Headache*. 2021;61(5):788-796. doi:10.1111/head.14104

Acknowledgements

This project was made possible through the support and mentorship of the Pfizer team. Special thanks to Nicole Abolins and Tyson Thompson for their valuable guidance, expertise, and ongoing encouragement throughout the internship.

