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CORRECTION

Correction to: A Framework for Estimating the Eligible Patient Population for New Migraine Acute Therapies in the United States

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In the original publication, there are few corrections in Summary points, Acknowledgements and Figure point sections.

The correct information given below.

Key summary points

Why carry out this study?

Migraine is a common condition affecting approximately 30 million adults and 9 million children and adolescents in the US; symptoms and disability during an attack are managed with acute treatments, including simple analgesics, nonsteroidal anti-inflammatory drugs, opioid analgesics, butalbital-containing analgesic products, and over-the-counter combinations of analgesics and caffeine, as well as prescription migraine-specific agents which historically have included triptans and ergot derivatives (e.g., dihydroergotamine).

Triptans are commonly used for acute treatment of migraine attacks. However, some patients may not be adequately managed with triptans due to lack of efficacy; intolerable side effects known as "triptan sensations" (including nausea, fatigue, malaise, rapid heart rate, feelings of tingling, numbness, warmth, and chest/-neck pressure or tightness); and safety concerns for those with a history of vascular disease, multiple risk factors for vascular disease (such as hypertension and diabetes), and during pregnancy.

The US Food and Drug Administration (FDA) has recently approved three new acute treatments for migraine – rimegepant (NURTECTM ODT) and ubrogepant (UBRELVY®), both CGRP receptor antagonists, and lasmiditan (REYVOW®), a 5-HT1F receptor agonist – which the American Headache Society (AHS) has recommended for patients who have contraindications to triptans or who have failed to respond to or tolerate at least two oral triptans.

Understanding the size of the patient population likely to use new treatments may be of interest to payers and health systems; in this study, we therefore developed a conceptual framework for estimating anticipated use of new acute therapies, based on a targeted literature review (TLR) and insights from clinical experience.

The original article can be found online at https://doi.org/10.1007/s12325-021-01781-z.

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What was learned from the study?

A minority of individuals with migraine (15%-25%) may be expected to use new acute therapies, given that only a limited proportion of patients currently use migraine-specific acute therapies. Among such patients, a significant proportion do not have adequate symptom control.

The framework developed in this study is intended to facilitate estimating the eligible patient population in assessments of costs of new acute therapies. Such assessments should also consider recommendations that patients have access to multiple types of acute therapies, which may yield savings from reduced MOH, progression to chronic migraine, and urgent-care costs.

Figure notes

Fig. 1 PRISMA flow diagram of excluded and includedpublications in the TLR. Abbreviations: CEA cost-effectiveness analysis, PRO patient-reported outcome, RCT randomized controlled trial, TLR targeted literature review, Tx treatment. Note: The PubMed search was most recently conducted on March 23, 2021, using Medical Subject Headings (MeSH). Major Topic and title/abstract keywords targeting acute, prescription therapies: (''migraine disorders/drug therapy''[MeSH Major Topic]) AND (acute[Title/Abstract]) AND ((specific[Title/Abstract]) OR (prescription[Title/Abstract]))

Fig. 2 Framework for estimating the patient population eligible for new acute therapies in the US, and illustration of application of parameter values from the TLR and ICER BIA. Abbreviations: AMS American Migraine Study, BIA budget impact analysis, ICER Institute for Clinical and Economic Review, IHS International Headache Society, MTOQ Migraine Treatment Optimization Questionnaire, TLR targeted literature review, United States of America. Notes: 1. Calculated on the basis of US Census Bureau estimates [48] of population aged 18 or older in 2018. Note that for calculation of prevalent migraine patients, prevalence rates are applied to population totals in each age/sex group. 2. Prevalence rates as reported in Table 2 of Lipton et al. [49]. 3. Reflects the budget impact analysis described in section 7 ("Potential Budget Impact") of ICER's February 25, 2020 Final Evidence Report [10]. 4. Lipton et al. [27] report that in the OVERCOME web-based survey, of all respondents, the population eligible for novel acute treatments consists of (i) 7.9% who are not contraindicated, currently on an oral triptan with MTOQ > 6 (moderate to maximum efficacy), (ii) 8.2% who are not contraindicated, currently on an oral triptan with MTOQ ≤ 6 (poor to very poor efficacy), (iii) 8.6% who are not contraindicated, not currently on an oral triptan but with prior history, and (iv) 18.2% who are contraindicated. This suggests that of those who may require migraine-specific treatment, ca. 82% (i.e., (8.2% + 8.6% + 18.2%)/(7.9% + 8.2% + 8.6% + 18.2%)) are not adequately managed on triptans

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The original article has been corrected.