

## **Real-World healthcare costs and resource utilization among patients treated with erenumab in the United States: A retrospective claims database study**

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**OBJECTIVE:** To evaluate costs and healthcare resource utilization (HRU) among migraine patients treated with erenumab in the United States (US).

**BACKGROUND:** Migraine is a debilitating neurological disease and a leading cause of disability worldwide. Erenumab (erenumab-aooe in the US) was approved in the US in 2018 for the preventive treatment of migraine in adults. The effect of erenumab on healthcare costs and HRU in migraine patients has not been fully investigated.

**DESIGN/METHODS:** Adults with three or more consecutive monthly claims for erenumab, from November 1, 2017 through September 1, 2019, were identified from the Komodo Health database (index date = first erenumab claim). Mean monthly migraine-related and all-cause healthcare costs (\$2019) during the 180-day pre-index period were compared to varied follow-up periods to assess the short-(180 days post-index), mid-(91–270 days post-index), and longer-term (maximum available follow-up time) impact of the treatment. HRU was compared during the 180-day pre- versus the 180-day post-index period. Outcomes were adjusted for patient characteristics.

**RESULTS:** Overall, 1839 patients were included (mean age 47 years; 86% females). After erenumab initiation, there was a reduction in mean monthly migraine-related ( $P < 0.0001$ ) and all-cause medical costs ( $P = 0.07$ ) during the 180-day post-index period, which was associated with significant increase in migraine-related ( $P < 0.0001$ ) and all-cause prescription costs ( $P < 0.0001$ ). However, with an increase in follow-up time, up to 98% of the increased migraine-related and more than 100% of the all-cause prescription costs were offset by the reduced medical costs. A significant reduction in HRU during the 180-day post-index period was observed.

**CONCLUSIONS:** The entrance cost of erenumab treatment gets mitigated by reduced medical cost over a long-term follow-up, which suggests an improvement in disease management.