Assessing Healthcare Provider Experiences and Opinions on **Lasmiditan in Migraine Treatment**

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INTRODUCTION

Migraine, a chronic and often debilitating neurological disorder, affects approximately 1 in 7 individuals worldwide, contributing significantly to global disability rates and imposing an immense burden on healthcare systems（1）. Characterized by recurring episodes of moderate to severe headaches often accompanied by nausea, vomiting, and sensitivity to light and sound, migraines severely impair the quality of life for patients, impacting both their personal and professional lives（2）. Traditional therapies for acute migraine attacks, such as Triptans, have long been the mainstay of treatment. However, despite their efficacy in some patients, these drugs have significant limitations due to their vasoconstrictive properties, making them unsuitable for a subset of patients, particularly those with cardiovascular disease or other contraindications（3）（4）.

Lasmiditan, a first-in-class, centrally acting serotonin 5-HT1F receptor agonist, offers a novel therapeutic approach to the acute treatment of migraines. Unlike Triptans, which act on 5-HT1B and 5-HT1D receptors and cause vasoconstriction, Lasmiditan selectively targets 5-HT1F receptors, which mediate the inhibition of nociceptive transmission in the trigeminal system without affecting blood vessels（5）. This mechanism allows Lasmiditan to alleviate migraine symptoms without causing vasoconstriction, making it a safer option for patients with cardiovascular conditions（6）.

Clinical trials demonstrated that Lasmiditan is highly effective in providing pain relief within two hours of administration, with significant reductions in migraine-associated symptoms such as nausea, photophobia (light sensitivity), and phonophobia (sound sensitivity)（8）. Furthermore, its rapid onset of action and favorable safety profile have positioned Lasmiditan as a promising alternative to

Triptans, especially for patients who have not responded well to traditional therapies（9）.

Despite its clear advantages, the introduction of Lasmiditan into routine clinical practice raises several questions regarding its real-world efficacy, safety, and acceptability. Although clinical trials provide robust evidence of Lasmiditan's benefits, they are often conducted in controlled environments, which may not fully reflect the complexities and challenges of everyday clinical practice（10）. Real-world data are essential to determine how well Lasmiditan performs in a broader population of migraine patients, particularly those with comorbidities or those who have previously failed to respond to other acute migraine treatments（11）.

Furthermore, the evolving landscape of migraine therapy necessitates a deeper understanding of how clinicians perceive and use Lasmiditan in practice. With a wide range of treatment options available, including Triptans, NSAIDs, CGRP antagonists, and now Lasmiditan, it is critical to explore how physicians integrate this new drug into their treatment algorithms and which patient populations are most likely to benefit（12）. Equally important is understanding the barriers to Lasmiditan's broader adoption, such as concerns about side effects, patient adherence, or cost, which may influence clinical decision-making（13）.

This study aims to address these gaps by providing an in-depth analysis of clinicians' real-world experiences with Lasmiditan. It seeks to uncover patterns in its prescription, identify the patient groups most suitable for this therapy, and assess its perceived effectiveness and tolerability compared to existing treatments. Additionally, the study will explore any challenges faced by physicians in prescribing Lasmiditan and their views on its future role in migraine management（14）.

RATIONALE OF THE STUDY

Migraine remains one of the most prevalent neurological disorders, affecting a significant portion of the global population and causing substantial disability and impairment in quality of life. Traditional treatments, particularly Triptans, have provided effective relief for many patients; however, their vasoconstrictive effects render them unsuitable for patients with cardiovascular conditions or other contraindications.

As a result, there is a pressing need for alternative therapies that address these limitations. Lasmiditan, a novel 5-HT1F receptor agonist, offers a unique mechanism of action that bypasses the vasoconstriction associated with traditional therapies. Despite its approval and promising clinical trial results, there remains a need to evaluate how Lasmiditan performs in real-world clinical settings, where patient diversity and complex clinical scenarios can affect therapeutic outcomes. This study aims to explore these aspects and provide insights into the practical application of Lasmiditan in migraine management.

STUDY OBJECTIVE

The primary objective of this study is to evaluate the real-world usage, effectiveness, and tolerability of Lasmiditan for the acute treatment of migraine. Specifically, the study aims to:

1. **Assess Clinician Awareness and Familiarity**: Determine how well clinicians are informed about Lasmiditan, including its novel mechanism of action and its status as the first neurally acting anti-migraine drug approved by the FDA.

2. **Evaluate Prescribing Patterns**: Identify the frequency and conditions under which Lasmiditan is prescribed compared to other available treatments.
3. **Analyze Effectiveness and Safety**: Examine clinicians' perceptions of Lasmiditan's effectiveness in relieving migraine symptoms and its safety profile in comparison to traditional treatments.
4. **Explore Patient Demographics**: Understand which patient groups are most frequently prescribed Lasmiditan and assess its suitability for patients with specific conditions or comorbidities.
5. **Identify Barriers and Opportunities**: Investigate any barriers to the adoption of Lasmiditan in clinical practice and potential opportunities for its broader use.

METHODS

The study employed a survey-based method, with a structured questionnaire distributed among healthcare professionals who prescribe or manage migraine treatments. The questionnaire aimed to collect data on:

1. **Survey Design**: A structured questionnaire was developed to cover key areas such as clinician familiarity with Lasmiditan, prescribing patterns, effectiveness, safety, and patient demographics. The survey was reviewed and validated by experts in migraine management to ensure its relevance and accuracy.

2. **Participant Recruitment**: The survey was distributed to a targeted sample of neurologists, headache specialists, and general practitioners across various regions. Participants were selected based on their experience in treating migraine patients and their willingness to provide insights on Lasmiditan.

3. **Data Collection**: Responses were collected physically over a three-month period. The data were anonymized to ensure confidentiality and to encourage honest and unbiased feedback from participants.
4. **Data Analysis**: The collected data were analyzed using quantitative methods to identify trends and patterns in prescribing practices, effectiveness ratings, and safety concerns. Descriptive statistics were used to summarize the data, and comparative analyses were conducted to assess variations based on clinician specialty, patient demographics, and treatment settings.
5. **Ethical Considerations**: The study was conducted in accordance with ethical guidelines for research involving Informed consent was obtained from all participants clinicians for the study.

RESULTS

A total of 90 HCPs participated in the survey. Below is the summary of the responses.

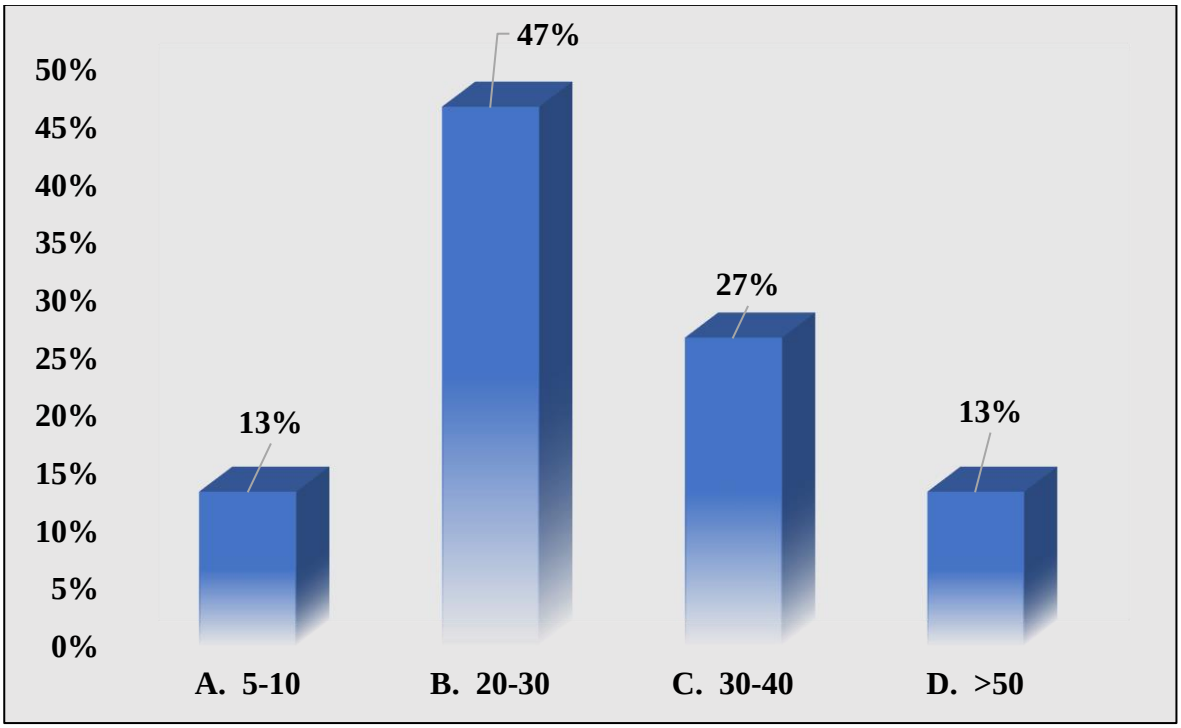
1. How many Migraine Patients visit your clinic in a month?

A. 5-10

B. 20-30

C. 30-40

D. >50

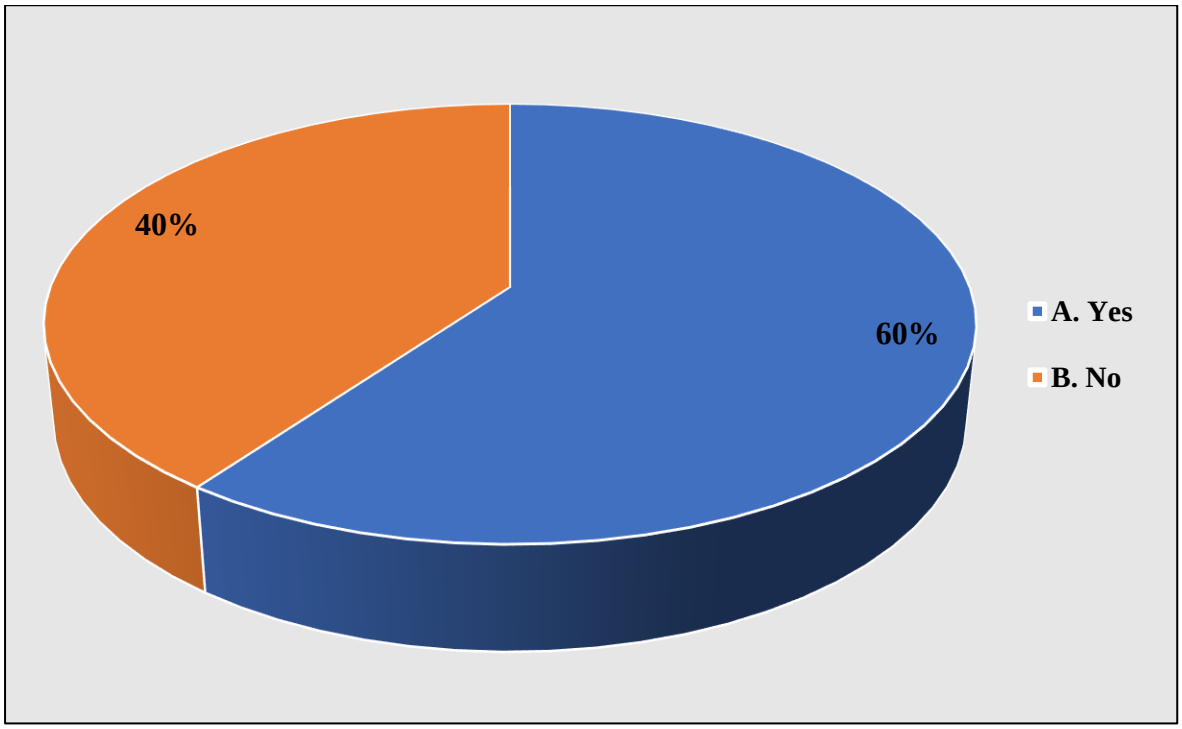


- **47% of 10-30 Patients (47%):** Most providers see between 10-30 migraine patients per month.
- **31-50 Patients (27%):** A smaller group sees 31-50 patients monthly.
- **<10 Patients (13%) and >50 Patients (13%):** Fewer providers see either less than 10 or more than 50 patients per month.

2. Do you agree that the currently available treatment for acute migraine may not be effective in all migraine patients?

A. Yes

B. No



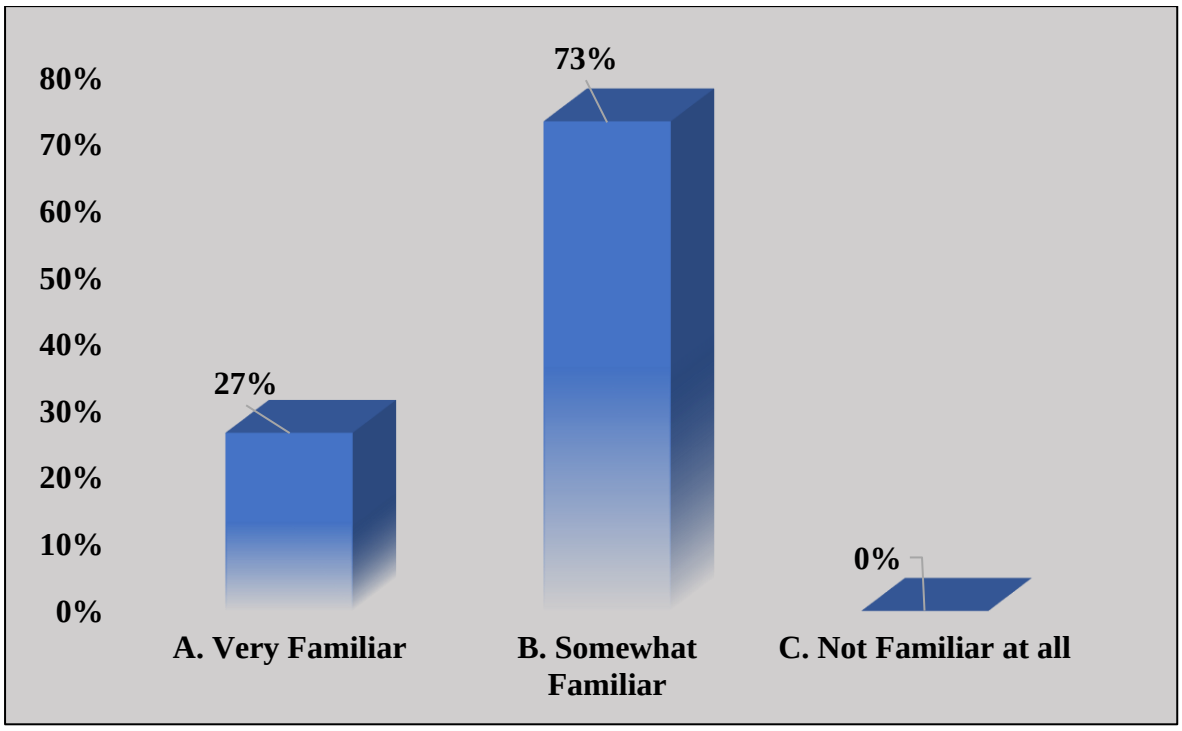
- **Agree (60%):** A majority believe current treatments may not be effective for all patients.
- **Disagree (40%):** A significant group finds current treatments effective for most.

3. How familiar are you with the use of Lasmiditan in the treatment of migraine?

A. Very Familiar

B. Somewhat Familiar

C. Not Familiar at all

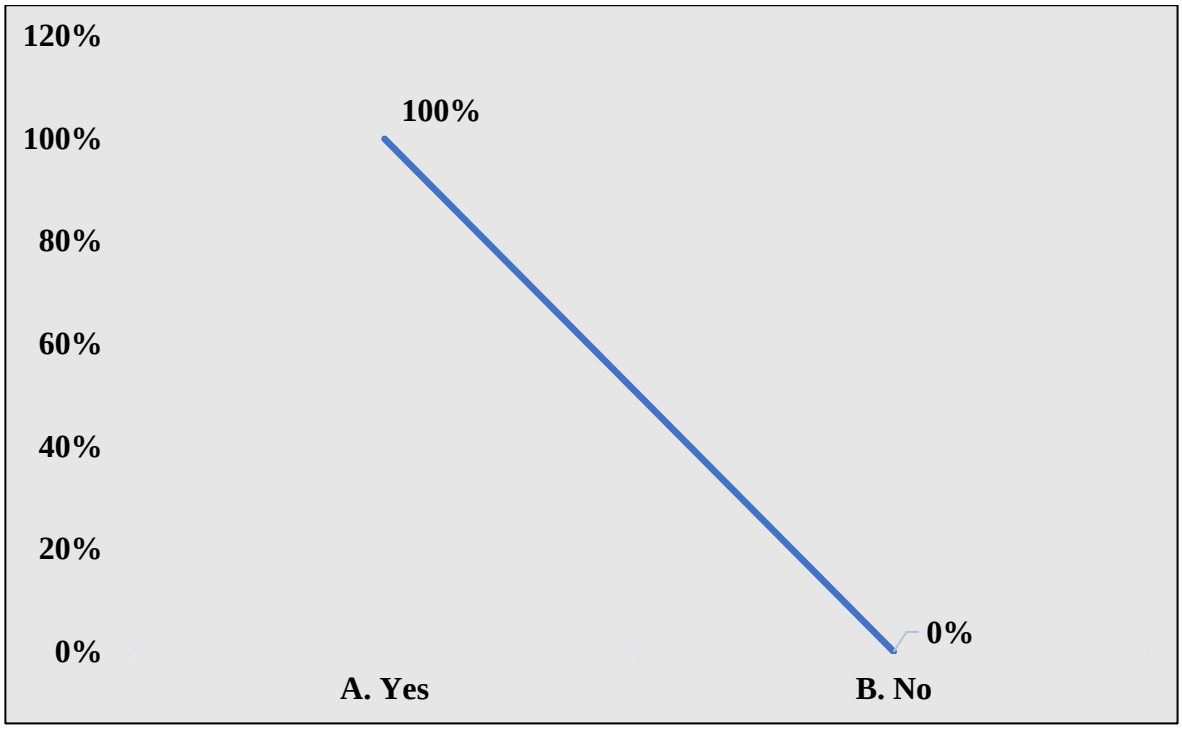


- **Somewhat Familiar (73%):** Most are somewhat familiar with Lasmiditan.
- **Very Familiar (27%):** A smaller group is very familiar with it.

4. Are you aware about Lasmiditan as a first neutrally acting Anti-Migraine drug approved by the USFDA for acute migraine with or without aura?

A. Yes

B. No

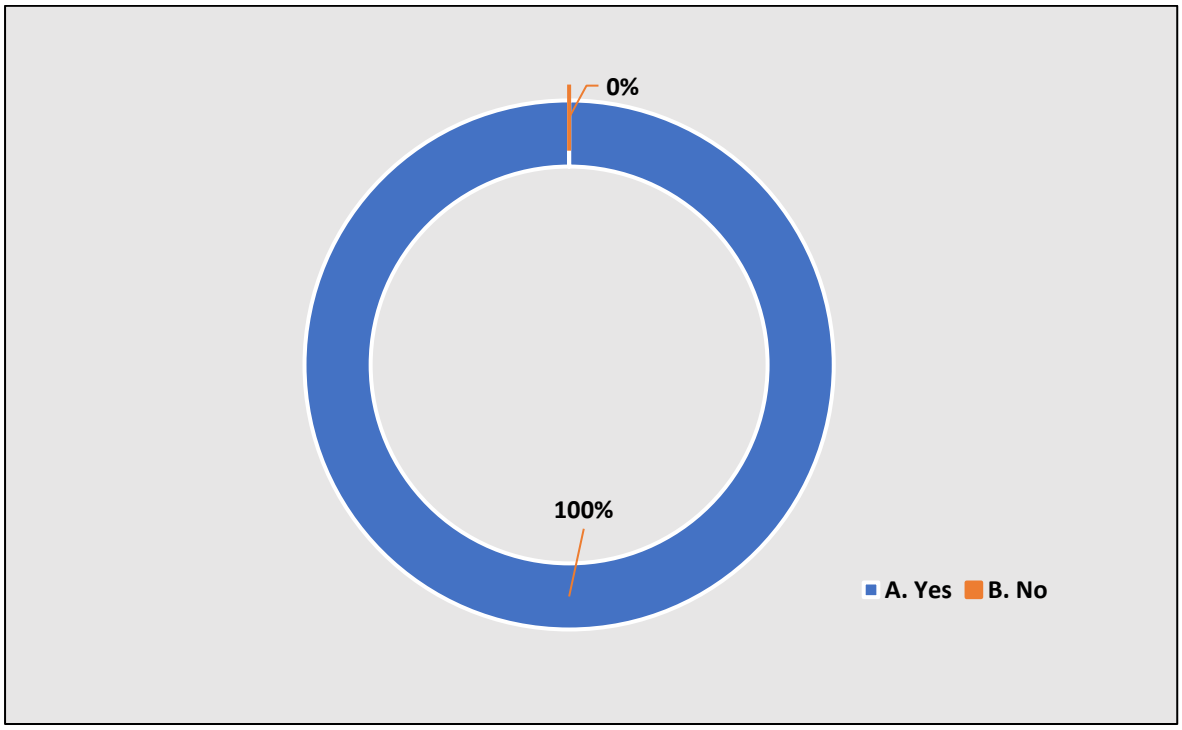


- **Yes (100%):** All respondents are aware of Lasmiditan's USFDA approval.

5. Do you agree that Lasmiditan is the novel highly selective 5-HT1F agonist?

A. Yes

B. No

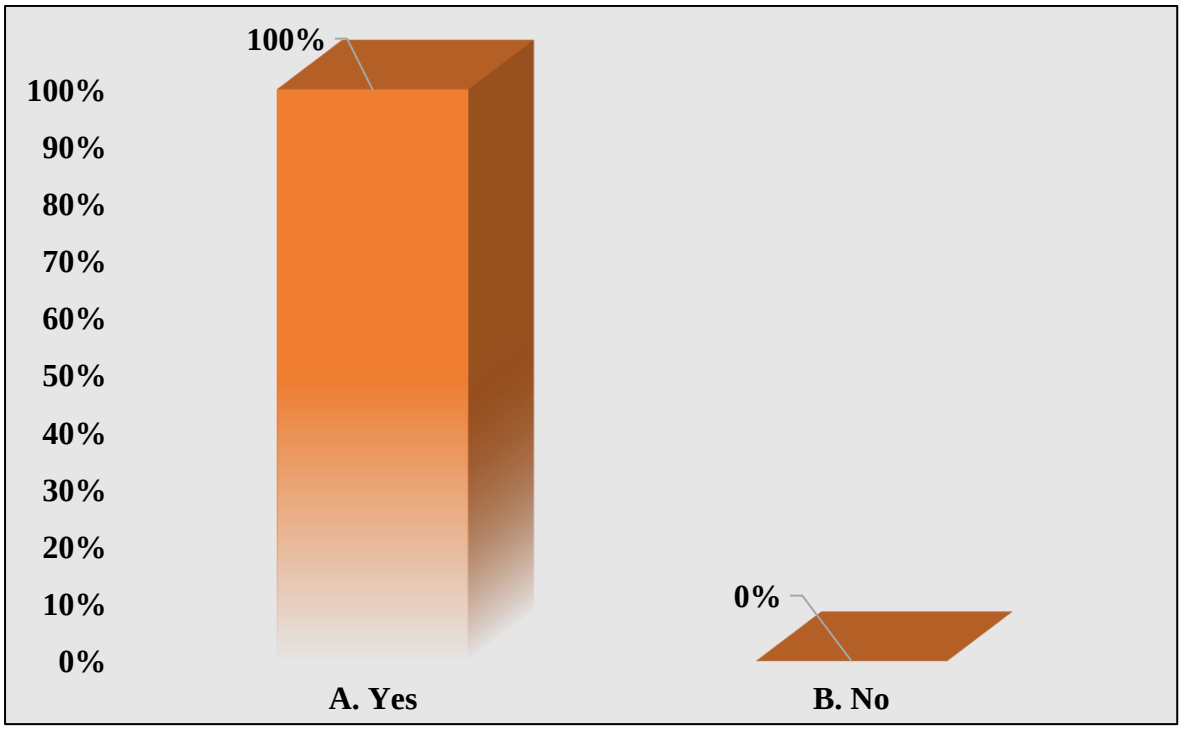


- **Yes (100%):** All providers agree on Lasmiditan's novel mechanism of action.

6. Have you prescribed Lasmiditan for the treatment of migraine?

A. Yes

B. No



- **Yes (100%):** All providers have prescribed Lasmiditan.

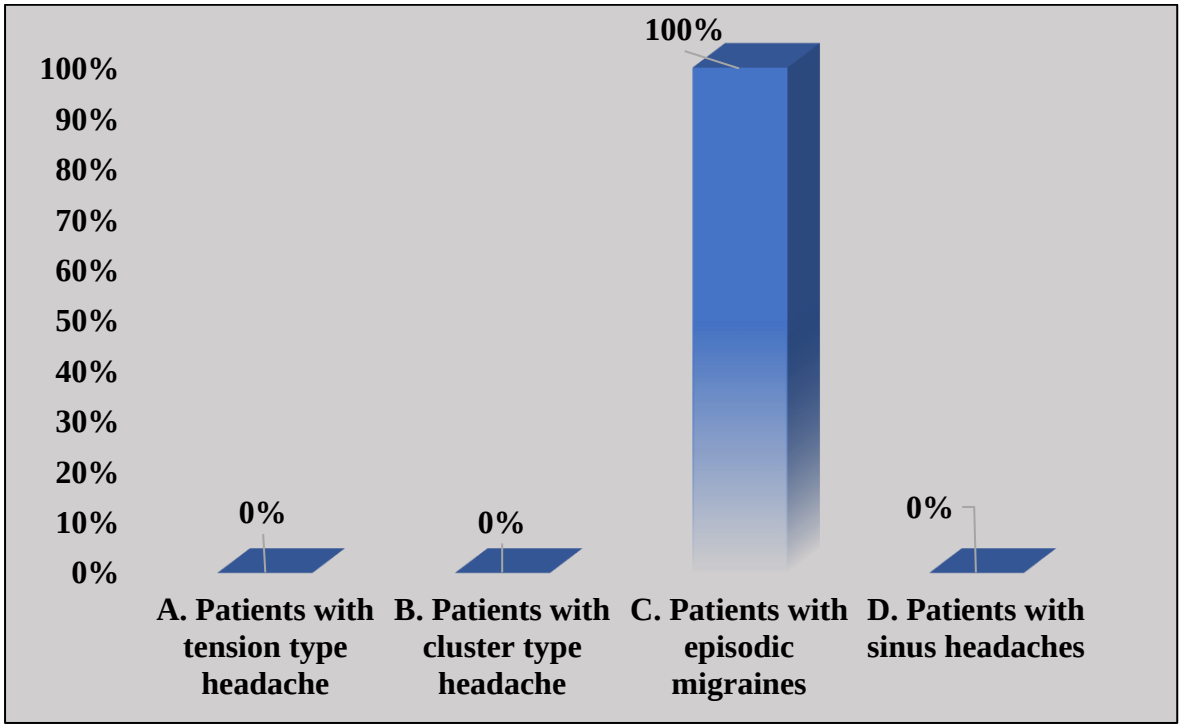
7. In your opinion, which of the following patient groups is most suitable for Lasmiditan therapy?

A. Patients with tension type headache

B. Patients with cluster type headache

C. Patients with episodic migraines

D. Patients with sinus headaches



- **Patients with Episodic Migraines (100%):** All respondents agree this group is most suitable for Lasmiditan therapy.

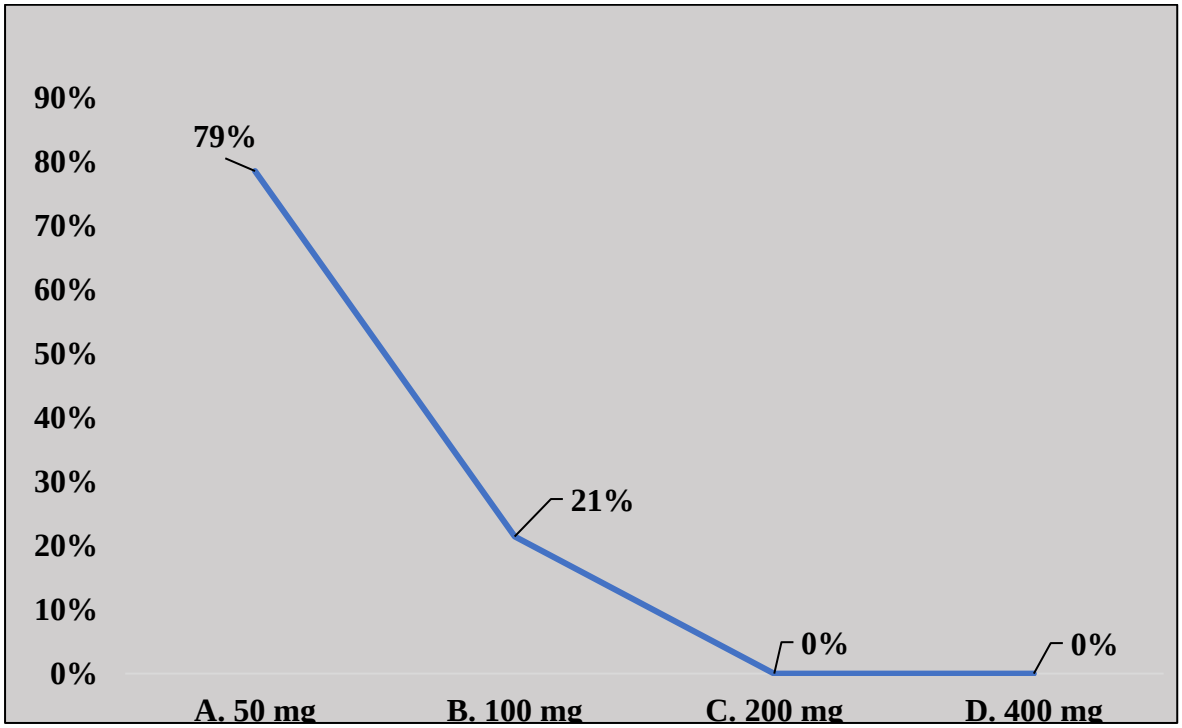
8. According to your clinical practice, what is the recommended initial dosage of Lasmiditan for the acute treatment of migraine?

A. 50 mg

B. 100 mg

C. 200 mg

D. 400 mg

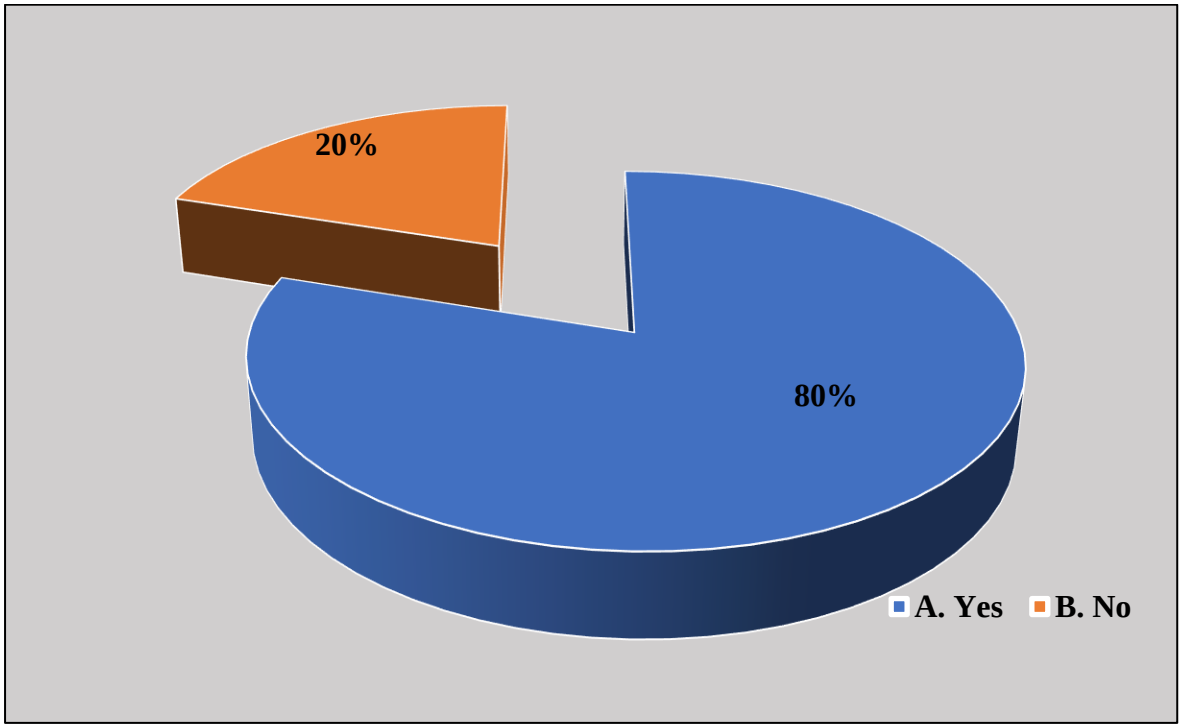


- **50 mg (79%):** Most recommend starting with 50 mg for acute migraine.
- **100 mg (21%):** Some recommend starting with a 100 mg dose.

9. **Are you aware that patients who take Lasmiditan offers pain freedom and relief of symptoms within 2 hours?**

A. Yes

B. No

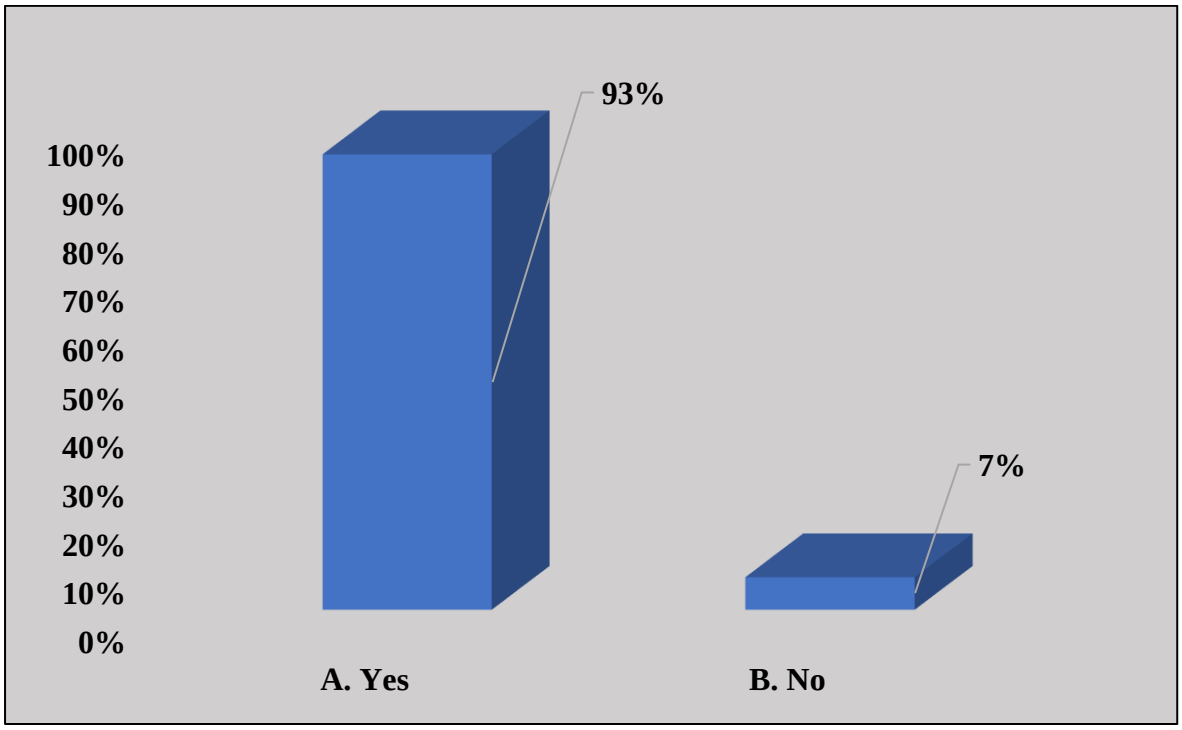


- **Yes (80%):** A majority are aware of Lasmiditan's fast-acting relief.
- **No (20%):** A minority is unaware of this benefit.

10. Do you agree that Lasmiditan does not have vasoconstrictor activity?

A. Yes

B. No



- **Yes (93%):** Most agree that Lasmiditan does not have vasoconstrictor activity.
- **No (7%):** A small group disagrees.

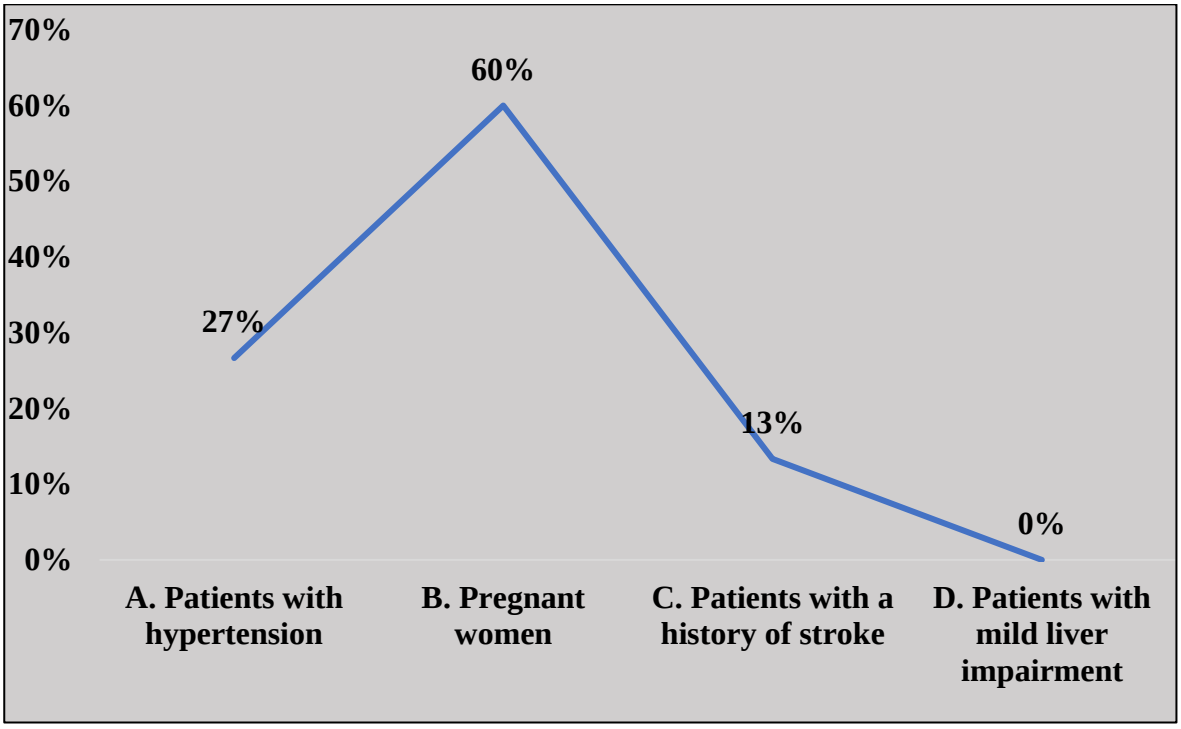
11. According to you, which patient population should Lasmiditan be used with caution or avoided altogether?

A. Patients with hypertension

B. Pregnant women

C. Patients with a history of stroke

D. Patients with mild liver impairment



- **Pregnant Women (60%):** Most believe Lasmiditan should be used with caution in pregnant women.
- **Patients with Hypertension (27%):** A significant number express concern about patients with hypertension.
- **Patients with a History of Stroke (13%):** Some mention caution for stroke patients.

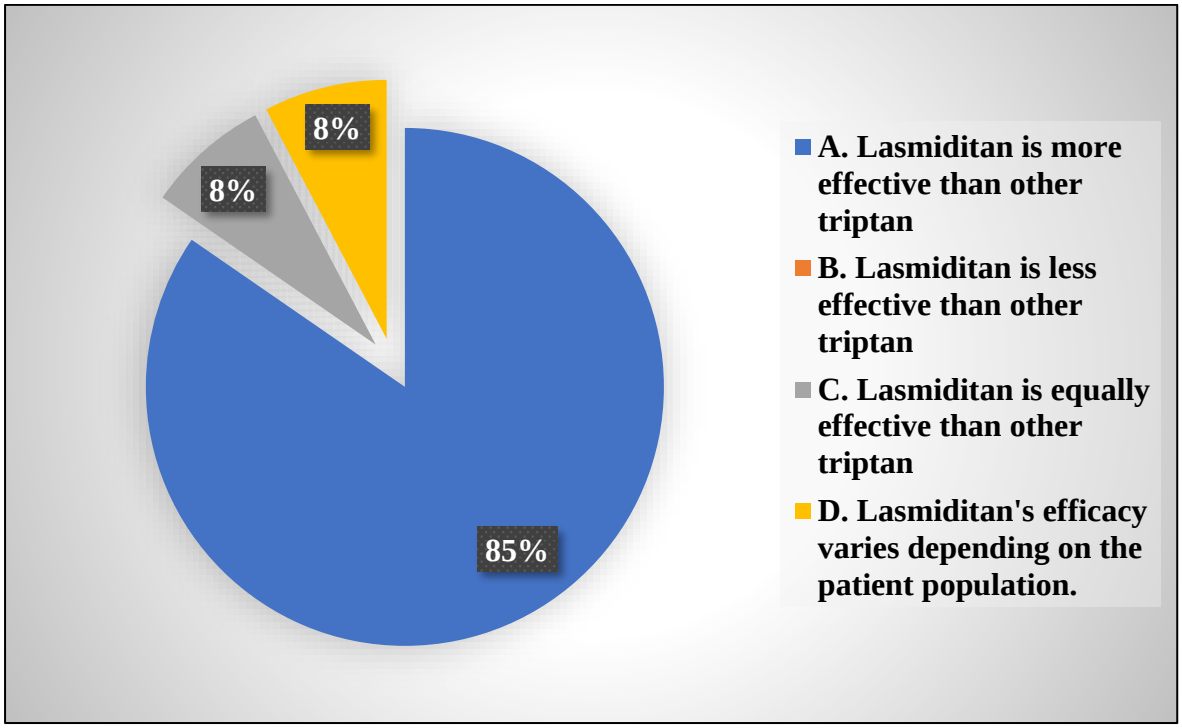
12. In your opinion, how do you compare the efficacy of Lasmiditan to traditional Triptans in the acute treatment of migraines?

A. Lasmiditan is more effective than other triptan

B. Lasmiditan is less effective than other triptan

C. Lasmiditan is equally effective than other triptan

D. Lasmiditan's efficacy varies depending on the patient population.



- **More Effective (85%):** A large majority find Lasmiditan more effective than traditional triptans.
- **Efficacy Varies by Patient (8%):** Some think its efficacy varies by patient population.
- **Equally Effective (8%):** A small group finds it equally effective compared to triptans.

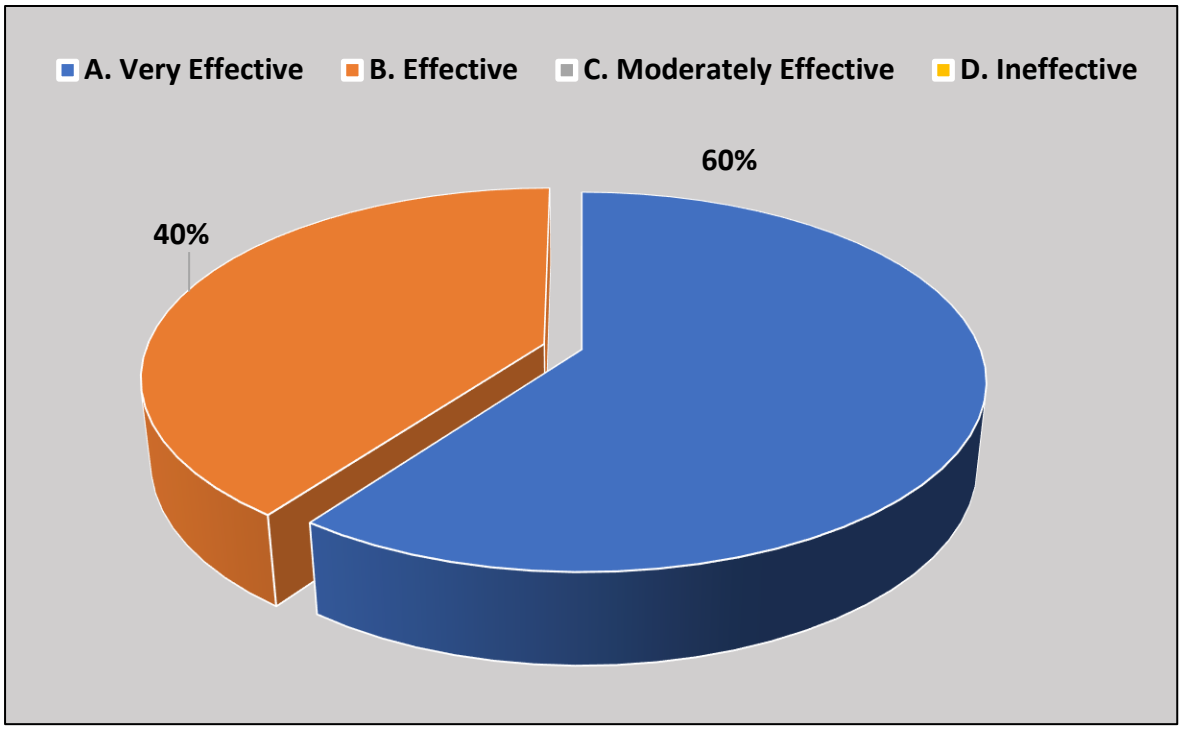
13. **In your experience, how effective is Lasmiditan in relieving migraine symptoms?**

A. Very Effective

B. Effective

C. Moderately Effective

D. Ineffective



- **Very Effective (60%)**: A majority find Lasmiditan very effective.
- **Effective (40%):** A significant group finds it effective but not exceptional.

14. How do you involve CKD patients in shared decision-making when recommending a low-protein diet with alpha keto analogues?

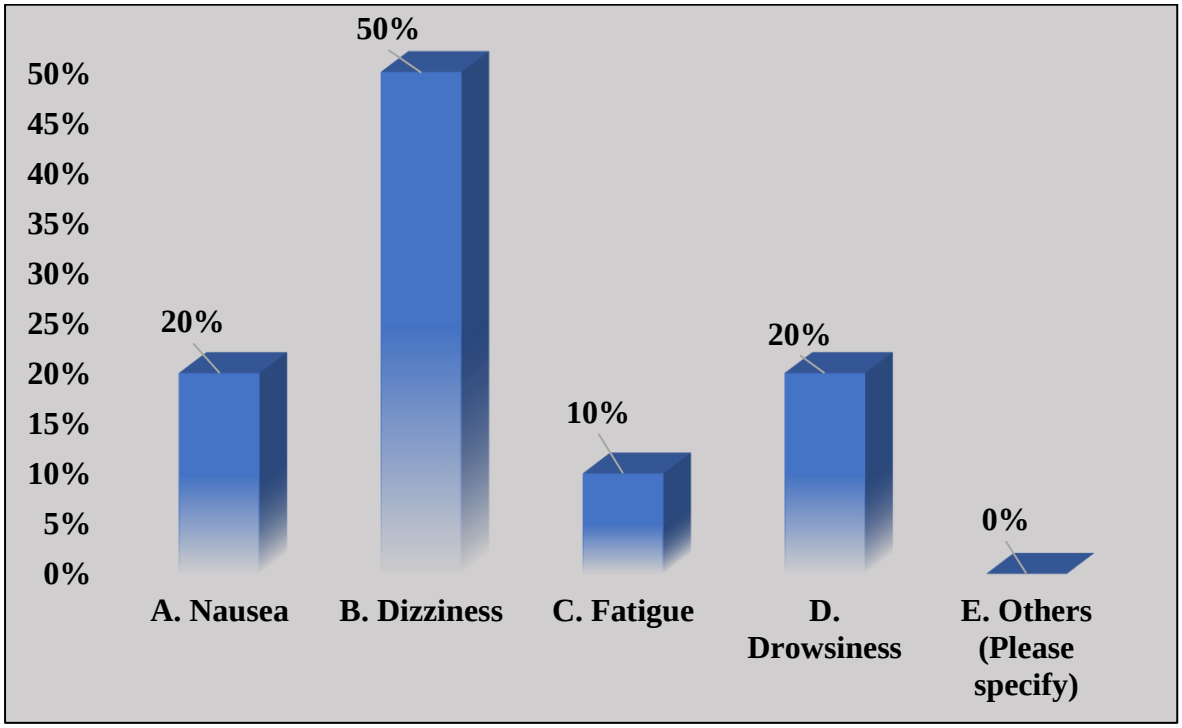
A. Nausea

B. Dizziness

C. Fatigue

D. Drowsiness

E. Others (Please specify)



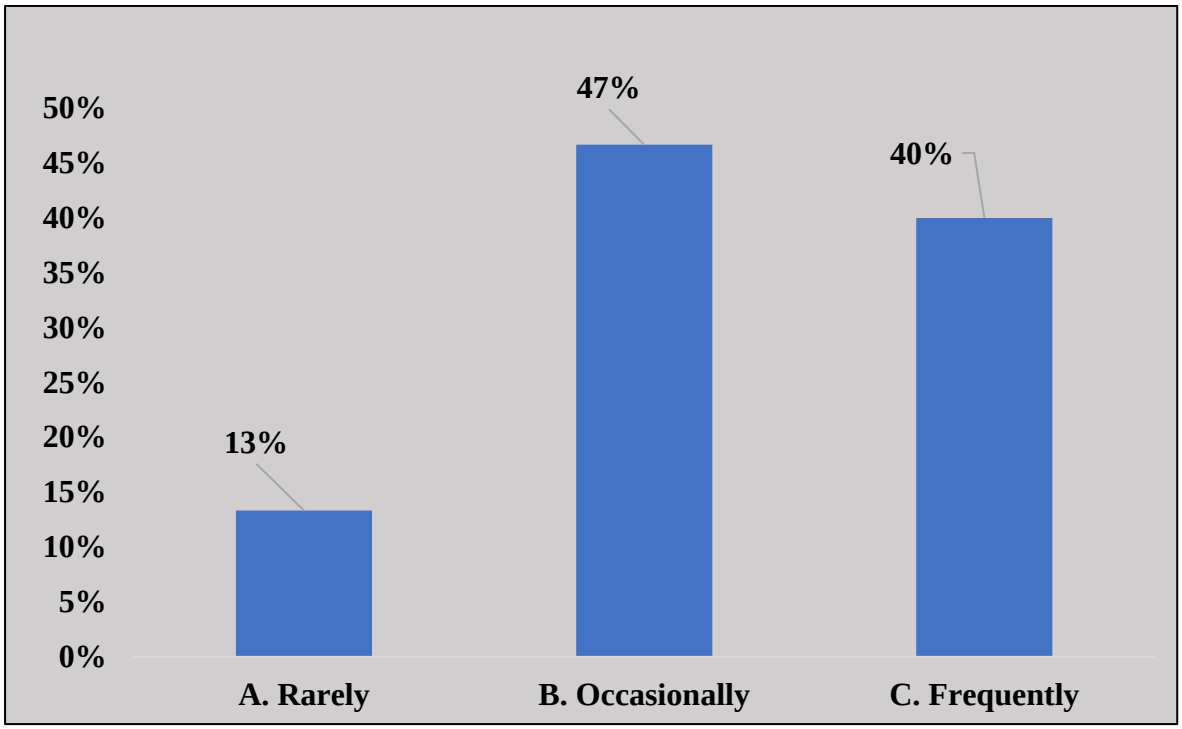
- **Dizziness (50%):** The most common side effect reported is dizziness.
- **Nausea (20%), Drowsiness (20%), and Fatigue (10%):** These were also reported, though to a lesser extent.

15. What role do you believe a low-protein diet and alpha keto analogues play in improving the overall health and quality of life for CKD patients?

A. Rarely

B. Occasionally

C. Frequently



- **Occasionally (47%):** Most prescribe it occasionally.
- **Frequently (40%):** Many use it frequently in practice.
- **Rarely (13%):** A smaller group prescribes it rarely.

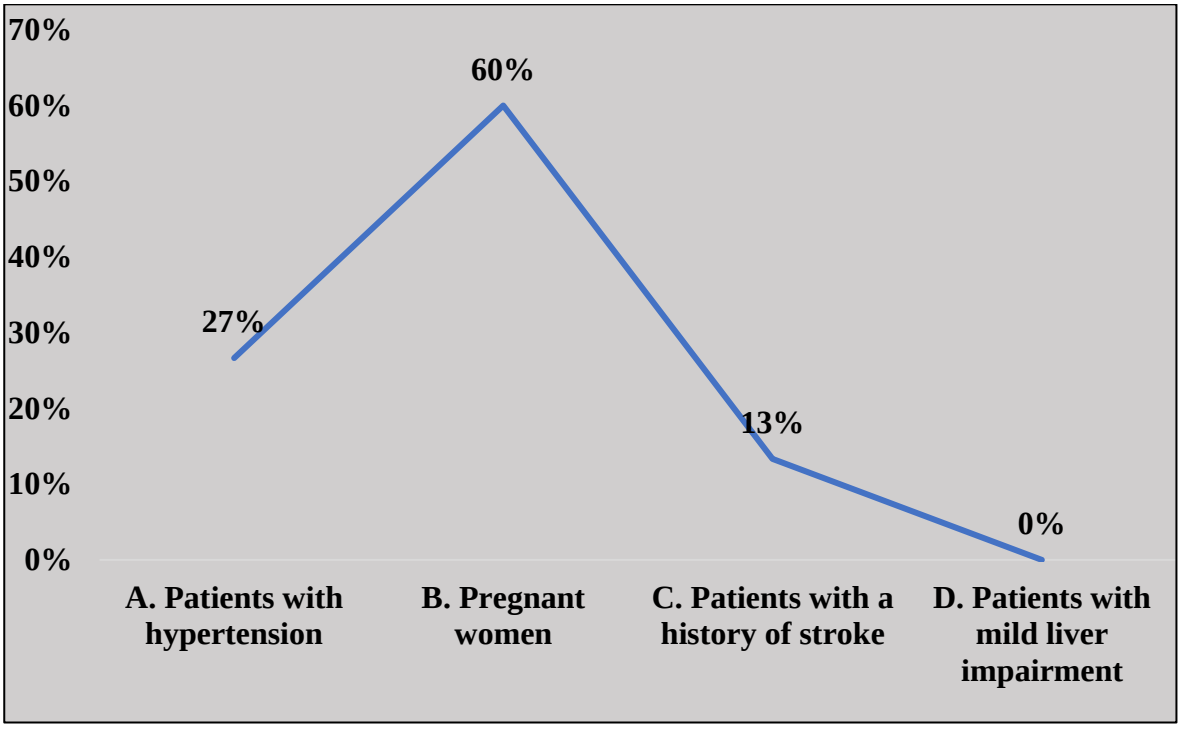
16. **Based on patient feedback, how satisfied are your patients with Lasmiditan compared to other migraine treatments?**

A. Very Satisfied

B. Satisfied

C. Neutral

D. Dissatisfied

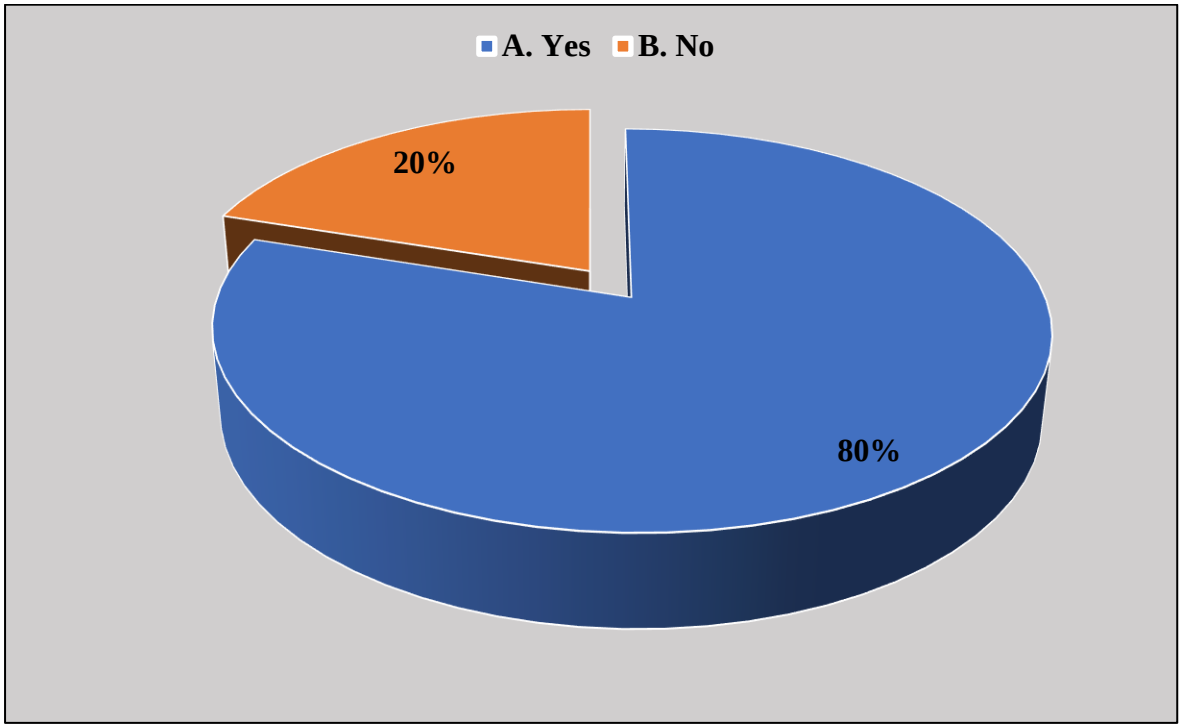


- **Satisfied (60%):** A majority report patient satisfaction.
- **Very Satisfied (27%):** A smaller group report high patient satisfaction.
- **Neutral (13%):** Some say their patients are neutral in their feedback.

17. Are you satisfied with the current clinical evidence available for Lasmiditan?

A. Agree

B. Disagree

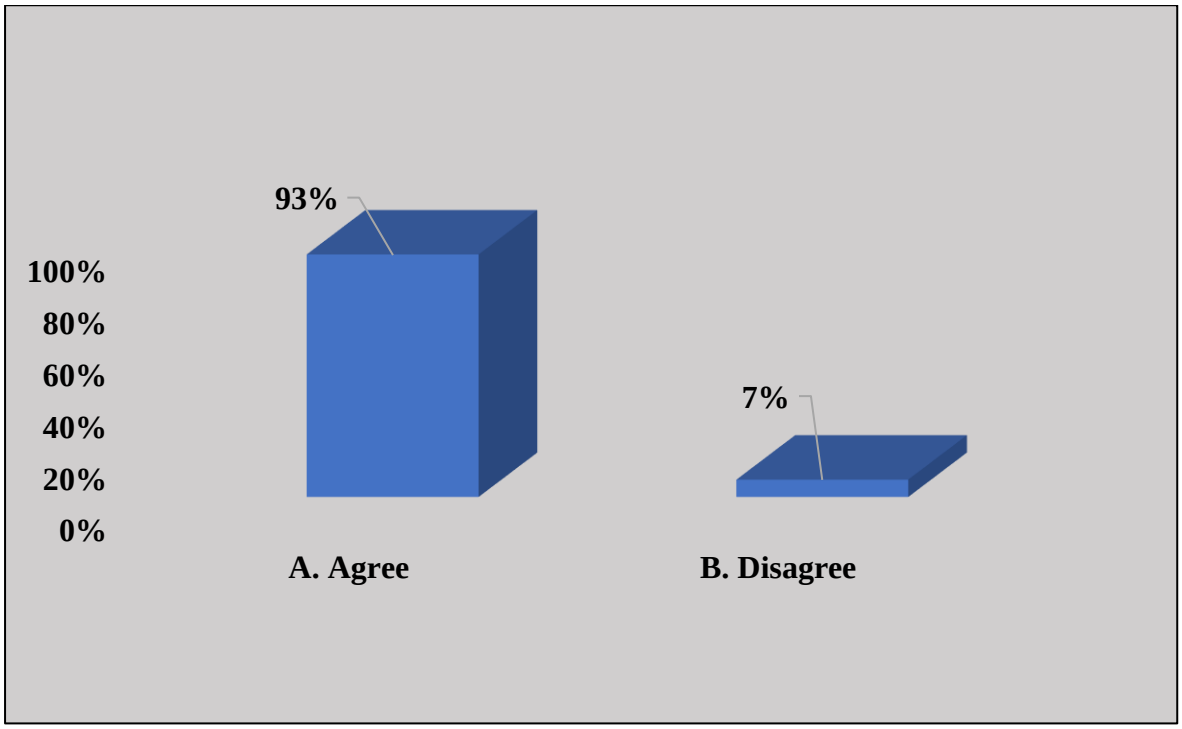


- **Yes (80%):** A large majority are satisfied with the evidence available.
- **No (20%):** A smaller group is not fully satisfied.

18. Do you agree that Lasmiditan is effective in reducing headache pain and symptoms such as photophobia, phonophobia, and nausea?

C. Agree

D. Disagree



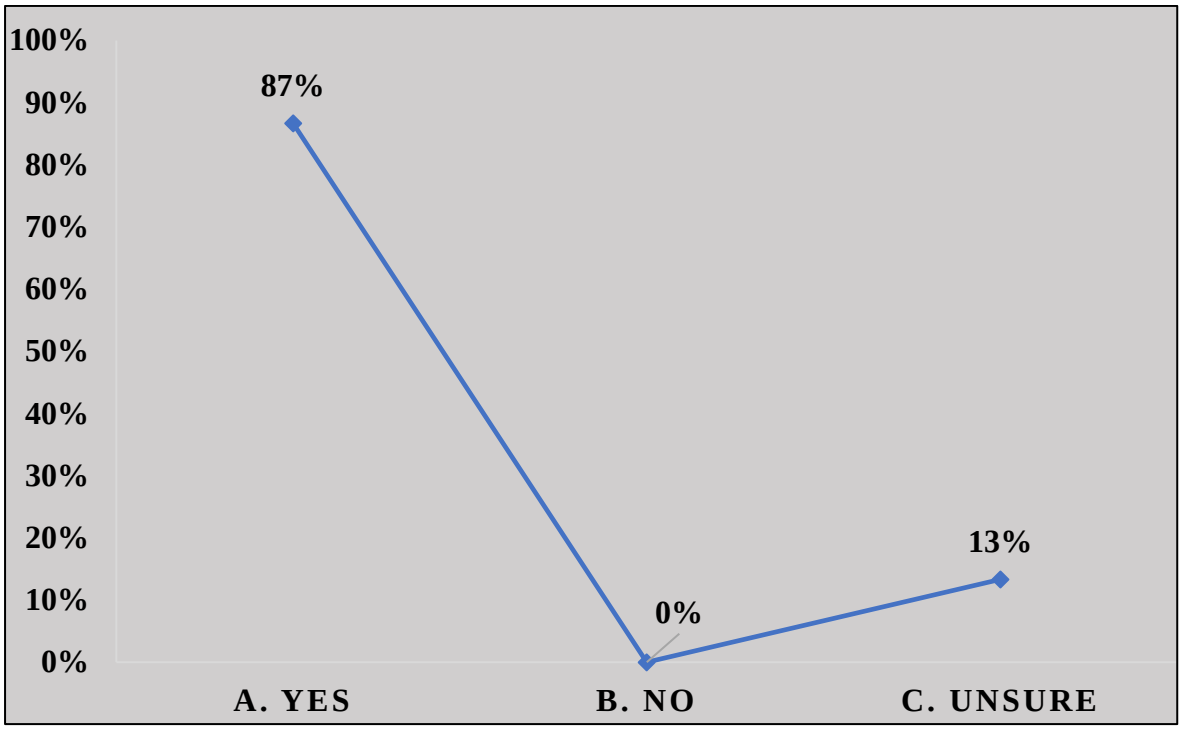
- **Agree (93%):** Most agree it effectively reduces migraine symptoms.
- **Disagree (7%):** A small group disagrees.

19. Would you recommend Lasmiditan to your colleagues for the treatment of migraine?

A. Yes

B. No

C. Unsure



- **Yes (87%):** The majority would recommend Lasmiditan to their colleagues.
- **Unsure (13%):** A small number are unsure about recommending it.

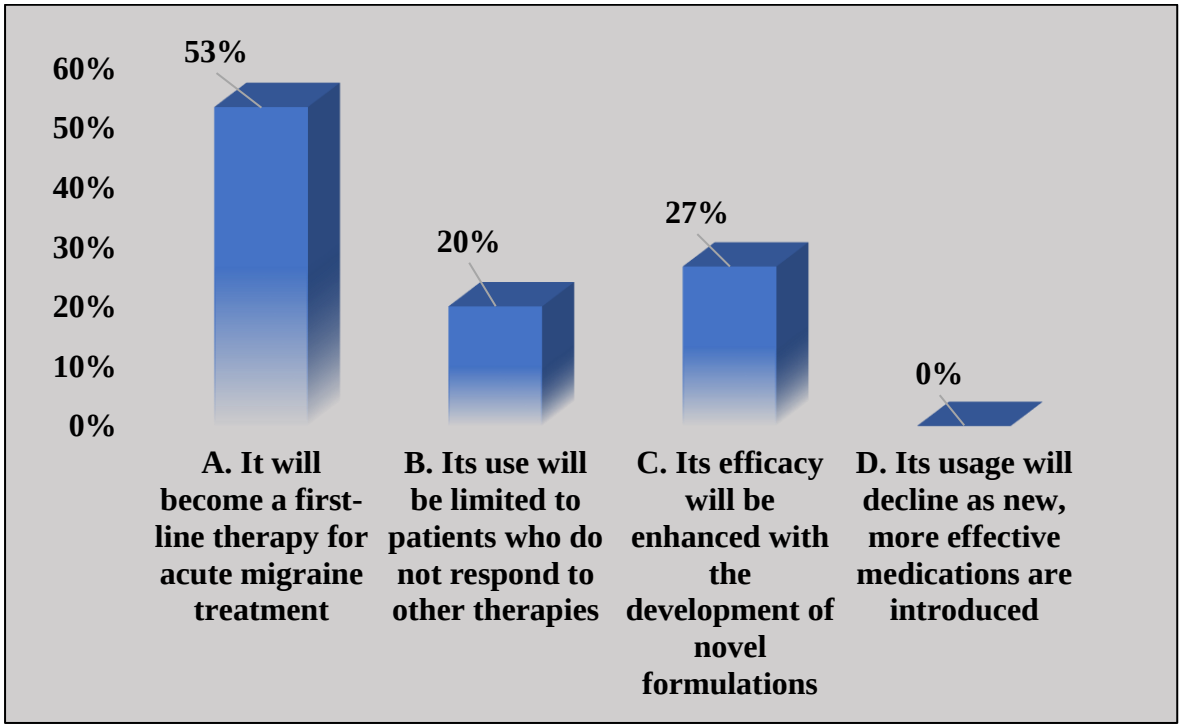
20. In your opinion, what role will Lasmiditan play in the future of migraine management?

A. It will become a first-line therapy for acute migraine treatment

B. Its use will be limited to patients who do not respond to other therapies

C. Its efficacy will be enhanced with the development of novel formulations

D. Its usage will decline as new, more effective medications are introduced



- **First-Line Therapy (53%):** Over half believe Lasmiditan will become a first-line therapy for acute migraines.
- **Enhanced with Novel Formulations (27%):** Some think its efficacy will improve with new formulations.
- **Limited Use (20%):** A smaller group believes it will be limited to patients who do not respond to other treatments.

SUMMARY

This study provides valuable insights into the clinical practice of prescribing experiences and opinions on Lasmiditan in Migraine treatment. The majority of clinicians frequently encounter Migraine patients and prescribe this dietary intervention.

- **Prevalence of Migraine Patients:** A significant number of clinicians report seeing a high volume of migraine patients monthly, with 47% encountering 20-30 patients and 27% seeing 30-40 patients.
- **Effectiveness of Current Treatments:** 60% of clinicians acknowledge that existing treatments may not be effective for all patients, highlighting a gap in current therapy options.
- Familiarity with Lasmiditan: While 27% of clinicians are very familiar with Lasmiditan, a substantial 73% are somewhat familiar.
- **Awareness of FDA Approval:** All participants are aware that Lasmiditan is FDA-approved as a first neurally acting anti-migraine drug.
- **Mechanism of Action:** 100% of clinicians agree that Lasmiditan is a selective 5-HT1F agonist.
- **Prescription Practices:** Every respondent has prescribed Lasmiditan, with 100% indicating its use in clinical practice.
- Suitable Patient Groups: Lasmiditan is considered most suitable for patients with episodic migraines by 100% of clinicians.
- **Dosage Preferences:** 79% of clinicians recommend an initial dose of 50 mg, while 21% prefer 100 mg.
- **Pain Relief Timeframe:** 80% of clinicians are aware that Lasmiditan provides pain relief and symptom reduction within 2 hours.

- **Non-Vasoconstrictor Activity:** 93% of clinicians agree that Lasmiditan does not have vasoconstrictor effects.
- **Patient Populations for Caution:** Caution is advised for pregnant women (60%) and those with hypertension (27%).
- **Comparative Efficacy:** 85% of clinicians find Lasmiditan more effective than traditional Triptans.
- **Effectiveness in Relieving Symptoms:** 60% of clinicians find Lasmiditan very effective, while 40% find it effective.
- **Reported Side Effects:** Common side effects include dizziness (50%), nausea (20%), and drowsiness (20%).
- **Prescription Frequency:** Lasmiditan is prescribed frequently by 40% of clinicians and occasionally by 47%.
- **Patient Satisfaction:** 87% of clinicians would recommend Lasmiditan to colleagues.
- **Satisfaction with Clinical Evidence:** 80% of clinicians are satisfied with the current evidence for Lasmiditan.
- **Effectiveness in Reducing Symptoms:** 93% agree that Lasmiditan effectively reduces headache pain and associated symptoms.
- **Future Role:** 53% believe Lasmiditan will become a first-line therapy, while 27% think its efficacy will improve with new formulations.

DISCUSSION

Based on the survey data, The survey reveals that Lasmiditan is well-regarded by clinicians for its effectiveness and safety profile in managing migraines, particularly for patients who do not respond well to traditional therapies. The high level of awareness and familiarity with Lasmiditan among clinicians indicates its growing acceptance. The feedback suggests that Lasmiditan's non-vasoconstrictor properties and selective mechanism of action provide significant advantages over Triptans, making it a valuable addition to migraine treatment options. The reported side effects are generally manageable, and patient satisfaction is high, indicating that Lasmiditan effectively addresses unmet needs in migraine management.

CLINICAL RECOMMENDATIONS

- **Integration into Treatment Plans**: Lasmiditan should be considered for patients with episodic migraines who have not achieved adequate relief with other treatments. Its use is particularly beneficial for patients with contraindications to vasoconstrictor therapies.
- **Dosage Guidance**: Clinicians should follow the recommended initial dosage of 50 mg, adjusting as needed based on patient response and tolerability.
- **Monitoring and Management**: Given the reported side effects, patients should be monitored for dizziness and drowsiness, and appropriate management strategies should be implemented.
- **Patient Education**: Educate patients on the benefits and potential side effects of Lasmiditan to ensure informed decision-making and adherence.

CONSULTANT OPINION

Expert Consultants generally view Lasmiditan favorably as an effective and safe option for migraine treatment. Its unique action mechanism and non-vasoconstrictor nature are particularly appreciated. Consultants recommend continued research and monitoring to further establish its role in migraine management and to address any emerging concerns.

MARKET OPPORTUNITIES

Unmet Medical Needs: The data underscore a significant gap in effective treatment options for migraine patients who do not respond well to traditional therapies. With 60% of clinicians acknowledging the limitations of current treatments, Lasmiditan offers a valuable alternative for this underserved patient population. Its unique action as a 5-HT1F receptor agonist, which does not involve vasoconstriction, positions it favorably for patients who are contraindicated for other therapies.

High Prescription Rate: The fact that 100% of surveyed clinicians have prescribed Lasmiditan and that 40% do so frequently indicates a strong market adoption. This widespread usage reflects confidence in its efficacy and safety profile, suggesting that there is a robust demand for this treatment. The substantial proportion of clinicians recommending Lasmiditan for episodic migraines further supports its role as a significant player in the market.

Patient Satisfaction and Effectiveness: With 87% of clinicians willing to recommend Lasmiditan to colleagues and high patient satisfaction reported, the drug's positive reception reinforces its market potential. The effectiveness in symptom relief and pain management reported as very effective by 60% of clinicians enhances its appeal to both healthcare providers and patients.

Rapid Onset of Action: Lasmiditan's ability to provide relief within 2 hours is a notable advantage. This rapid onset aligns with patient needs for quick symptom management, presenting an opportunity for positioning Lasmiditan as a go-to option for acute migraine attacks.

Differentiation from Triptans: With 85% of clinicians finding Lasmiditan more effective than traditional Triptans, there is an opportunity to market it as a superior alternative, particularly for patients who have not responded to other treatments. This differentiation can be leveraged to gain a competitive edge in the migraine treatment market.

MARKET POSITIONING

Targeted Marketing to Clinicians: Emphasize Lasmiditan's unique benefits, such as its non-vasoconstrictor properties and rapid action, in marketing campaigns directed at healthcare professionals. This can help establish Lasmiditan as a preferred choice for patients with contraindications to Triptans or those needing quick relief.

Educational Initiatives: Develop comprehensive educational programs for clinicians to enhance their understanding of Lasmiditan's benefits and optimal use. This could include continuing medical education (CME) modules, webinars, and peer-reviewed publications that address its efficacy, safety profile, and patient outcomes.

Patient-Centric Approaches: Position Lasmiditan as a patient-friendly option by highlighting its effectiveness in providing rapid relief from migraine symptoms and minimal side effects. Marketing strategies should include patient testimonials and case studies that illustrate real-world success stories.

Strategic Pricing and Access: Consider pricing strategies that make Lasmiditan accessible to a broad patient population while reflecting its value proposition. Explore partnerships with insurance companies and healthcare systems to facilitate patient access and affordability.

Future Development: Promote ongoing research and development efforts aimed at enhancing Lasmiditan's efficacy and exploring new formulations. Positioning it as part of a broader strategy to advance migraine treatment can reinforce its long-term value in the market.

Competitive Analysis: Regularly review competitor strategies and emerging treatments to adjust marketing and positioning tactics accordingly. Staying informed about industry trends and new developments ensures that Lasmiditan maintains its competitive edge.

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CTS-77, Shop No.11, Swapna Siddhi CHS LTD, Akurli Road Near Malad Sahakari Bank
Kandivali (E), Mumbai - 400101. M: 9322615653 I W: www.wmefi.co.in