NON-INTERVENTIONAL STUDY REPORT ABSTRACT

Title: Concept Elicitation Qualitative Study: Migraine Patient Experiences with Zavegepant

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Name and affiliation of the main author: Redacted

Keywords: Migraine; zavegepant; non-interventional study; qualitative research; patient experience.

Rationale and background: Migraine is a prevalent and disabling neurological condition associated with substantial patient and healthcare burden. Zavegepant, a calcitonin gene-related peptide receptor antagonist administered as a nasal spray, is approved in the United States for the acute treatment of migraine. Although clinical trials have demonstrated efficacy and an acceptable safety profile, taste-related adverse events, including dysgeusia, have been reported and may affect treatment experience and willingness to continue therapy. Limited information is available on how patients perceive the benefits, risks, and usability of zavegepant in routine care.

Research question and objectives: The study addressed the question of how patients perceive and experience zavegepant as an acute treatment for migraine in the real-world United States setting. Objectives were to understand patient experience with zavegepant, characterize perceived benefits and risks including poor usability, explore how patients balance experienced benefits and risks, and understand how patients weigh potential risks associated with acute migraine treatments.

Study design: This was a cross-sectional, non-interventional, concept-elicitation qualitative study using remote, semi-structured, one-on-one interviews. No treatment was assigned by the study. Interviews were conducted by trained qualitative moderators using a standardized discussion guide informed by the Sense–Think–Act–Relate framework, audio-recorded, transcribed verbatim, de-identified, and analyzed thematically using MAXQDA.

Setting: The study was conducted in the United States using remote direct-to-patient data collection by online conferencing and/or telephone. Interviews were conducted between 11 April 2025 and 28 May 2025 after eligibility screening and informed consent.

Subjects and study size, including dropouts: Adults residing in the United States who self-reported healthcare professional-diagnosed migraine and zavegepant use at least once in the previous 3 months were eligible. Participants were recruited through patient panels and migraine advocacy groups, with purposive sampling to include positive, neutral, and negative treatment experiences. Overall, 2,276 individuals were pre-screened, 16 qualified, and 15 completed interviews and were included in the analysis. One qualified participant did not complete the interview.

Variables and data sources: Data were obtained from a structured screening questionnaire and semi-structured interviews. Variables included demographics, migraine

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history and burden, prior and concomitant acute migraine treatments, zavegepant exposure and use context, administration practices, treatment expectations, perceived benefits and drawbacks, access and usability, dysgeusia characteristics and impact, overall satisfaction, and a 100-point treatment attribute ranking exercise. Analyses were descriptive and thematic; no formal hypothesis testing was performed.

Results: Participants had a median age of 43 years (range 23–63); most were female (87%), White/Caucasian (93.3%), and not Hispanic or Latino/a (93.3%). Most first learned about zavegepant from a healthcare provider (86.7%). Common reasons for initiation were inadequate efficacy of prior acute treatments (73.3%) and physician recommendation (46.7%). Participants reported a mean of three prescription acute migraine medications available and used zavegepant for a mean of 58% of migraine attacks. Overall satisfaction was generally high, with a mean rating of 7.3 on a 1–10 scale and 80% rating satisfaction between 7 and 10. Valued attributes included rapid action and convenience/portability (53.3% each) and perceived effectiveness (46.7%). In the point-allocation exercise, freedom from pain and speed of effect were the most important attributes. Dysgeusia/bad taste was the most frequently disliked aspect (66.7%). Among participants reporting dysgeusia, taste was described as bitter, metallic, and lingering; the average rating for taste was 6.8 on a 1-10 scale (1=not at all severe to 10=extremely severe taste disturbance), with reported duration ranging from 30 minutes to 5 hours. Some participants reported avoiding or hesitating to use zavegepant because of taste, although many described accepting this drawback when perceived benefits were meaningful.

Discussion: Findings suggest that patient experience with zavegepant was shaped by perceived rapid relief, convenience, and effectiveness, balanced against tolerability and usability drawbacks, particularly dysgeusia. Variability in healthcare provider guidance on administration, timing, and potential side effects may have influenced expectations and real-world use. The study was qualitative, small, and based on self-report, so findings are descriptive and hypothesis-generating rather than statistically generalizable. Overall, participants generally viewed zavegepant as a useful acute treatment option, and most respondents to the continuation question reported that they would use it again. Clear counseling on administration and expected side effects may help align patient expectations with treatment experience. No new conclusions on the product benefit-risk balance can be drawn from this qualitative study.

Marketing Authorization Holder(s): Pfizer Limited.

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