

# SURVEY REPORT

## Step Therapy for Migraine and Other Headache Disorders



Migraine Meanderings and The Headache & Migraine Policy Forum recently conducted an online survey to better understand the experiences people with migraine and other headache disorders have had with insurance step therapy. The survey, completed by **431 respondents**, was distributed online via social media channels and through email.

### THE RESULTS

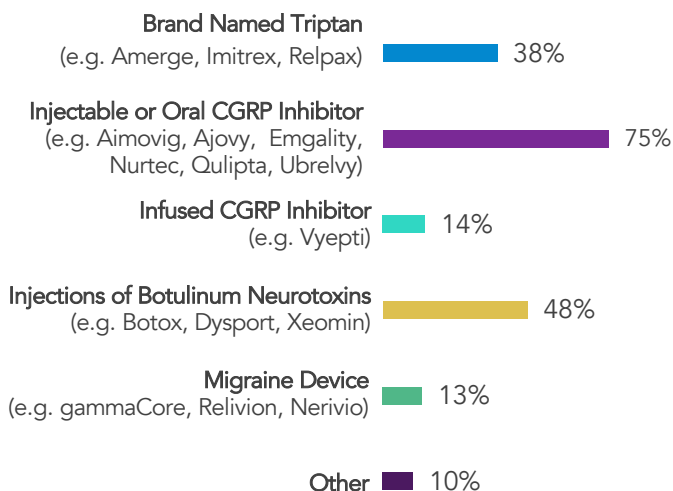
#### **X** BARRIERS TO TREATMENT

**100%** of respondents have been prescribed a medication or medical device to help manage their migraine.

**93%** report that their insurance has required them to follow step therapy prior to approving a medication/treatment prescribed by their health care provider (HCP).

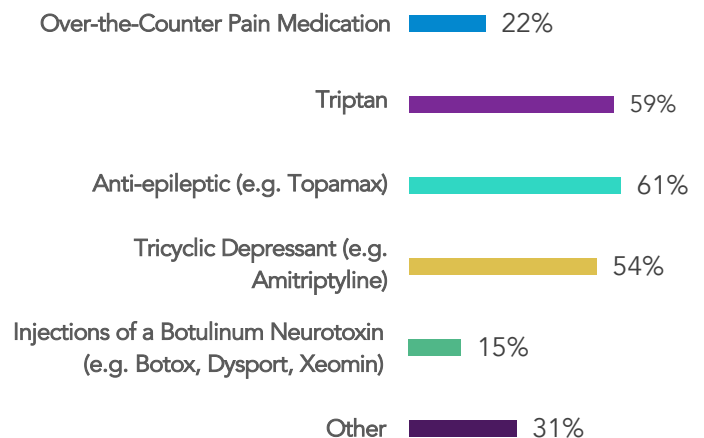
Other barriers to accessing their prescribed treatments included insurance refusing to cover the medication (**77%**) or device (**27%**), and high copays (**44%**).

Insurance imposed step therapy for the following migraine treatments:

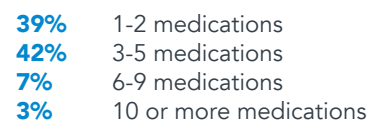


#### STEP THERAPY REQUIREMENTS

Insurers required respondents to try the following treatments before approving their prescribed medication/treatment:



Respondents reported that their insurers required they try a number of medications before accessing the medication their HCP initially prescribed.



**32%** reported having to wait **2-6 months** to get the medication they were prescribed; **14%** had to wait **6-11 months**; **11%** waited **a year or more** and another **11% never got the medication** they were prescribed.

**“Step therapy is awful, especially when I have already tried the medications the insurance company wants me to try. It’s a hassle to get the documentation from doctors and to send to insurance. All we want is some relief from our pain and insurance companies make it incredibly difficult!”**

—Survey Respondent



## INSURANCE APPEALS

### STEP THERAPY APPEALS

- **About 60%** of respondents’ HCPs sent a letter and/or called insurance with their medical history to appeal the step therapy requirements.
- **About 46%** of respondents called and/or wrote a letter to their insurance companies to appeal the requirements themselves.



## IMPACT ON QUALITY OF LIFE

During the time respondents were taking the insurer’s required medication(s), instead of the medications / treatments their health care provider prescribed, quality of life was impacted for many:

- **57%** had migraine attacks more frequently
- **34%** developed new or additional migraine symptoms
- **41%** developed more severe migraine attacks
- **31%** had to go to the ER or urgent care for 1 or more migraine attacks

89% of respondents agree that the inability to access the treatment they need has impacted their ability to manage their migraine. They also agree that it has:

- Led to their disease worsening (**74%**)
- Negatively impacted their quality of life as well as their mental and emotional well being (**89%**)
- Negatively impacted their work and career (**72%**)
- Negatively impacted their education (**30%**)



## PATIENT VOICES

*“During the waiting period. My migraine went from episodic to chronic. Still dealing with insurance and it has been years. Also dealing with copay cards and unexpected bills worth \$40k for things insurance “mistakenly” covered.”*

*“[Step therapy] is barbaric and contributed significantly to the worsening of my disease.”*

*“Step therapy, imposed by the insurance company, is a conflict of interest and an interruption of the relationship between the doctor and patient who know better what the patient needs.”*

*“I now have heart issues because of certain meds, and the migraines are worse! Step therapy is unnecessary and harmful!”*

*“It’s extremely frustrating to pay your insurance premiums every month, and then have to struggle and fight for the medications that you need.”*

*“Once I went through all the hoops and time to get the medication approved I discovered that my copay was going to be \$650 per month. Not the cost of the medication, just the copay. So after all the work and the waiting I still couldn’t get the medicine.”*

*“I will bounce back from the worsening of my physical health, but I am permanently scarred mentally and emotionally from the trauma of not being able to access medicine that would give me some level of functionality. ”*

*“The use of any treatment should be a decision made jointly by the patient and physician without interference by the insurance company, who does not have the best interests of the patient as its goal.”*



## SURVEY DEMOGRAPHICS

### GENDER

- **96%** female
- **2%** male
- **2%** other

### AGE

- 56+: **25%**
- 41-55: **42%**
- 26-40: **30%**
- 18-25: **2%**

### INSURANCE TYPE

- 38%** Medicare/Medicaid
- 70%** Commercial Insurance
- 3.5%** Other

### FREQUENCY

- On average, respondents report having migraine:
- 62%** 15 days or more/month
  - 25%** 8-14 days/month
  - 13%** 1-7 days/month

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