

SURVEY REPORT

Step Therapy for Migraine and Other Headache Disorders



The Headache & Migraine Policy Forum and Migraine Meanderings 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

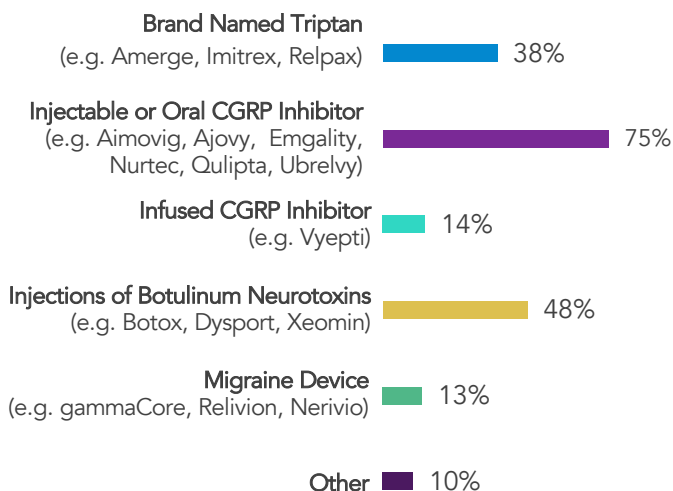
BARRIERS TO TREATMENT

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).

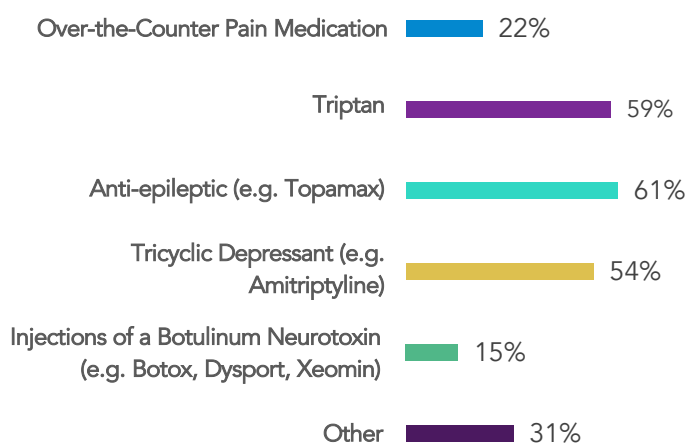
Other barriers to accessing their prescribed treatments included insurance refusing to cover the medication (**77%**) or device (**27%**), and high copays (**44%**).

Insurance imposed step therapy for the following migraine treatments:

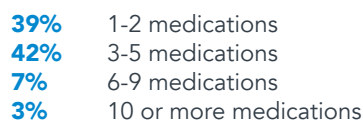


STEP THERAPY REQUIREMENTS

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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