



Headache & Migraine Disease Working Group

2022 Meeting Summary

The Alliance for Patient Access hosted its annual meeting of the Headache and Migraine Disease Working Group on September 20, 2022. The virtual event convened health care providers, advocates and other stakeholders to discuss policies that affect people living with headache and migraine disease.

Utilization Management

Utilization management tactics undermine the physician-patient relationship and delay access to care, often leading to preventable pain and allowing episodic headache disorders to become chronic. Given the increase in available FDA-approved therapies and ongoing innovation, policymakers should prioritize policies that limit utilization management to ensure appropriate patient access.

- **Prior Authorization**

When asked about prior authorization's effect on practicing medicine, one member exclaimed, "Where do I begin?" Members described how prior authorization creates a burden for their offices, requiring hours of added work just to gain approval for patients. Even if providers succeed in gaining approval, a step therapy process often follows.

- **Step Therapy**

Headache and migraine patients are often subject to months-long step therapy processes for newer therapies, requiring them to try and fail multiple therapies before accessing the one their clinician originally prescribed. Members emphasized that this means patients often unnecessarily endure pain and reduced quality of life while waiting for the appropriate therapy.

- **Non-Medical Switching**

Clinicians explained that non-medical switching often compounds the challenges of other utilization management tactics. Payers typically change formularies in January, meaning that patients are not guaranteed coverage for the previous year's medication regimen. Patients and clinicians are often left to scramble for a new treatment plan at the start of each year and sometimes even mid-year.

- **Specialty Tiers**

Innovative therapies are often placed on higher insurance tiers, demanding high out-of-pocket costs for patients. This leaves many patients to choose between paying for medication or covering other daily necessities. Often, patients simply cannot afford their medication, leading to more pain.



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Access to Devices

There are currently four FDA-cleared devices for the treatment of headache and migraine disease. These devices use different neuromodulation techniques to reduce pain. Despite FDA clearance, however, most payers exclude devices from coverage. One clinician noted that, while devices are certainly a helpful tool, they are often cost-prohibitive. High out-of-pocket expenses place the burden on patients and their families to decide whether their disease burden is worth the cost of relief.

Prescriber Restrictions

With the flurry of approvals over the last few years, many payers now prohibit any provider aside from a headache specialist to prescribe CGRP therapies. One clinician noted that she had seen improvement during the COVID-19 pandemic, leading to greater access for patients. Some primary care providers, however, still cannot prescribe these medications to their headache patients.

Combination Therapy

Many patients benefit from using both CGRP inhibitors and neurotoxin injections. Yet, as one clinician explained, payers' policies for combination therapy can vary. Despite use of combination therapy in other disease states, headache and migraine disease are commonly denied access to either CGRPs or neurotoxin injections. This denies patients the benefits of combination therapy and revokes decision-making power from clinicians and their patients. Policymakers should focus on policies that allow patients and clinicians to decide which combination of therapies is most appropriate.

Future Advocacy Efforts

The Women's Preventive Services Initiative determines standard discussion topics for well patient medical appointments and accepts topics for consideration each year. Lindsay Videnieks, executive director of The Headache & Migraine Policy Forum, presented on the opportunity to advocate for the inclusion of headache and migraine screening in women's annual gynecology visits, given the outsized burden of headache and migraine on women.

Next Steps & Getting Involved

The working group discussed opportunities for future engagement and participation in the creation of educational materials.

To learn more about AfPA's Headache and Migraine Disease Working Group advocacy efforts and membership, please contact Elizabeth Simpson at esimpson@allianceforpatientaccess.org.



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