

Left Out

HOW HEALTH PLAN EXCLUSION LISTS UNDERMINE MIGRAINE TREATMENT

Headache and migraine patients' choice of treatment options is narrowing as health plans exclude coverage for more medications and devices.

Understanding Exclusion Lists

Each year, health plans issue their exclusion list, which names the specific prescription drugs and devices that will not be covered for beneficiaries. If patients want to access these drugs, they will likely have to pay the total cost from their own pocket.

Why Migraine Requires a Range of Treatment Options

Symptoms of headache and migraine disease are experienced differently, even varying from attack to attack for a single patient. For this reason, migraine patients need a variety of treatment options to manage acute attacks as well as chronic disease. Many people living with headache and migraine disease have found relief combining medications or using non-pharmacologic treatment devices.

The growing number of treatment options offers more opportunities to personalize headache and migraine care.

But that's possible only if health plans stop excluding critical medications and devices and commit to coverage that meets the needs of their beneficiaries.

Limiting Treatment Options Costs Patients

Taking treatment decisions out of the hands of patients and their providers can have repercussions.



Financial cost: Migraine patients who need these medications or devices must pay out of pocket or go without.



Time cost: Migraine disease could become chronic during the time wasted trying ineffective treatments.



Health cost: Patients may experience greater pain and more symptoms, reducing their quality of life



System cost: Unable to properly manage their disease, migraine patients may make more trips to the ER or require more medical appointments.



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