

SURVEY REPORT

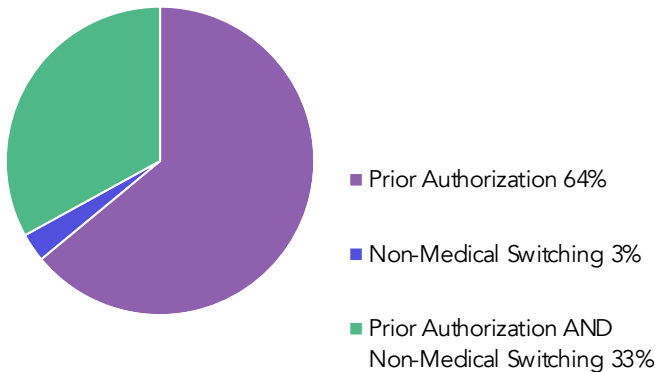
Prescription Delays, Denials and Non-Medical Switching



Migraine Meanderings and The Headache & Migraine Policy Forum recently conducted an online survey to determine how people with migraine are experiencing delays in accessing migraine therapies due to insurance denials and non-medical switching. The survey, completed by **498 respondents**, was distributed online via social media channels and through email.

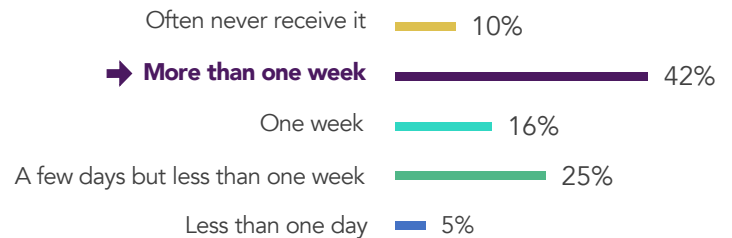
THE RESULTS

INSURANCE-POSED ACCESS BARRIERS TO TREATMENT



DELAYS IN TREATMENT ACCESS

Patients report it takes the following length of time for their insurance company to approve their prescribed treatment:



EXPERIENCE WITH PRIOR AUTHORIZATION

Insurance delays and denials negatively affect:

How Patients Feel:

86%	Stressed/Anxious
67%	Angry
44%	Hopeless
63%	Exhausted/Weary
42%	Depressed
30%	Afraid

Their Ability To:

67%	Sleep
61%	Work
69%	Manage family obligations
67%	Be in social settings
12%	Go to school

Their Overall Health:

26%	Had to go to the ER/urgent care for treatment
78%	Had migraine attacks more frequently
77%	Had more severe migraine attacks
24%	Developed new or additional migraine symptoms
39%	Made other health conditions worse as a result
6%	Saw no difference in migraine attacks

"[Delays in treatment access impacted my] ability to feel like I could keep going, to feel like I mattered, and to mentally and physically be able to function even on a small scale."—Survey Respondent

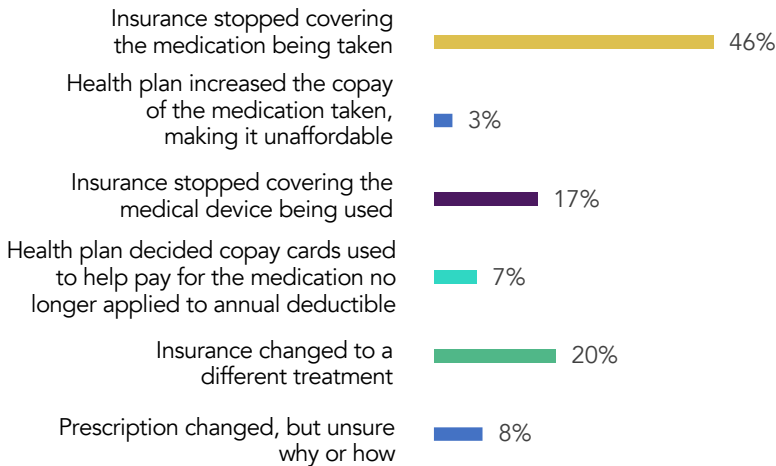
“Insurance companies should not have more power over my health decisions than my doctor or I do.”

—Survey Respondent



EXPERIENCE WITH NON-MEDICAL SWITCHING

How it Happened:



42% of respondents who experienced non-medical switching **found out when** they received a letter in the mail from their insurance company. Another **35%** found out when they went to get their medication from the pharmacy, while **14%** say their healthcare provider’s office let them know.

Insurance required those taking the following treatments to switch for a non-medical reason:

- Brand-name Triptan **23%**
- Injectable Monoclonal Antibody CGRP Inhibitor **29%**
- IV Migraine Treatment **3%**
- Oral/Nasal Spray CGRP Inhibitor **20%**
- Botulinum Neurotoxin Injections **13%**
- Ergotamine Treatment **5%**
- Prescription Medical Device **2%**

They were switched to:

- A Triptan (abortive) **28%**
- An Anti-epileptic Medication (preventive) **19%**
- A Tricyclic Antidepressant (preventive) **20%**
- A Beta Blocker (preventive) **19%**

22% had been taking the prescribed treatment for **2+ years** at the time they were switched.

Non-medical switching negatively impacts patients’:

Ability to:

- 36%** Sleep
- 41%** Work
- 43%** Manage family obligations
- 41%** Be in social settings
- 8%** Go to school

Overall Health:

- 14%** Had to go to the ER/urgent care for treatment
- 50%** Had migraine attacks more frequently
- 49%** Had more severe migraine attacks
- 20%** Developed new or additional migraine symptoms
- 32%** Made other health conditions worse as a result
- 6%** Saw no difference in migraine attacks

50% of respondents say non-medical switching was a significant disruption.

52% say losing access to the treatment that worked for them has impacted their ability to manage their migraine.

49% say losing access to the treatment that worked for them has negatively impacted their mental and emotional well-being



SURVEY DEMOGRAPHICS

GENDER

- 90%** Female
- 8%** Male
- 2%** Other

AGE

- 5%** 18-25
- 23%** 26-40
- 23%** 26-40
- 42%** 41-55
- 19%** 56-65
- 9%** 65+

INSURANCE TYPE

- 38%** Medicare/Medicaid
- 66%** Commercial Insurance
- 6%** Other

FREQUENCY

On average, respondents report having migraine:

- 17%** 1-7 days/month
- 24%** 8-14 days/month
- 59%** 15 days+/month



PATIENT VOICES

Respondents had the following to say:

"Treatment delays caused future treatments to be less effective."

"It took months of fighting my insurance just to get one medication approved. I don't think I could go through the mental anguish again because I don't ever want to get back to the mental space I was in when I had to fight for one medication."

"I ended up admitting myself for inpatient mental health care because my depression from fighting my insurance compounded other conditions and I knew I needed help."

"Communication about prior authorization is often confusing and/or inadequate. This just adds to the emotional burden."

"[Delays in treatment access caused] painful withdrawal symptoms from sudden loss and not tapering off my long-term medication."

*"I have lots of anger. Why does [insurance] **DECIDE** WHAT'S BEST FOR ME?"*

"I had to take multiple medications to make up for the missing one, which caused possible interactions and additional expenses."

"It is cruel to put profits over people's wellbeing and causes needless suffering."