Migraine Meanderings and the Headache and Migraine Policy Forum recently conducted an online survey to better understand the experience people with migraine have with combination therapy for migraine. 516 responses were gathered via social media and email.

THE RESULTS

FREQUENCY
On average, respondents report having migraine:

- **60%** 15 days or more/month
- **25%** 8-14 days/month
- **16%** 1-7 days/month

TREATMENT

- **100% of respondents** take at least one preventive and/or one abortive treatment for migraine.
- **65%** say their doctor has discussed different treatment options to create a personalized treatment plan and are open to new options.

ABORTIVE TREATMENTS

- **75% of respondents** have been prescribed more than one abortive treatment at a time.

- **60%** have been prescribed a combination of abortive treatments to stop different types of migraine attacks.
- **About 55%** have been prescribed fast-acting medications to take if their regular oral medications don’t work or the nausea/vomiting is too severe.

PREVENTIVE TREATMENTS

- **71% of respondents** have been prescribed more than one preventive treatment at a time.

- **42%** of those who use a combination of preventive treatments say their number of migraine attacks has decreased:
  - **22%** experience a 25% decrease
  - **16%** experience a 50% decrease
  - **10%** experience a 75%+ decrease
“Having to meet specific criteria in order to access certain types of drugs scripted by my team of professionals is frustrating. They recommend a specific treatment and I can’t follow it until I jump through insurance hoops. Insurance companies should not be able to dictate medical steps in my journey to treat my chronic illness. My team of dedicated professionals and I should have a much bigger say in the steps I take.”
—Survey Respondent

**TREATMENT REDUCTION**

44% of those who use a combination of preventive treatments say the severity of their migraine attacks has decreased, reducing the number of abortive medications they need.

- 23% experience a 25% reduction
- 16% experience a 50% reduction
- 10% experience a 75%+ reduction

**COMBINATION TREATMENTS**

- About 80% have been prescribed a monoclonal antibody (Aimovig, Emgality, Ajovy, Vyepti) in combination with at least one other preventive treatment.
- About 60% have been prescribed a botulinum neurotoxin (such as Botox, Dysport or Xeomin) in combination with another prescribed preventive treatment.
- About 65% have been prescribed a botulinum neurotoxin (such as Botox, Dysport or Xeomin) in combination with another prescribed abortive treatment.
- About 54% have been prescribed multiple CGRP inhibitors for preventive and/or abortive treatment.
- Less than 22% have ever received preventive medication through IV infusion in combination with another drug to prevent migraine.

**BARRIERS TO MEDICATION ACCESS**

- 68% of respondents have experienced insurance issues accessing the combination of medications their doctor prescribed.
- 38% say the inability to access the combination of treatments they need has impacted their ability to manage their migraine and has negatively impacted their quality of life.
- 41% say the inability to access the combination of treatments they need has negatively impacted their work, career, social life and relationships.

Respondents say their insurance has denied the following combinations of medications:

- More than one gepant in combination for preventive AND abortive treatment
- More than one gepant in combination for abortive treatment only
- A CGRP monoclonal antibody and a prescription abortive medication
- A botulinum neurotoxin and another preventive medication
- A botulinum neurotoxin and another preventive medication

**SURVEY DEMOGRAPHICS**

**GENDER**
- 95% female
- 3% male
- 2% other

**AGE**
- 65+: 7%
- 56-64: 18%
- 41-55: 41%
- 26-40: 30%
- 18-24: 4%

**INSURANCE TYPE**
- 67% Private commercial insurance
- 33% Government-funded insurance
- 10% Other
Respondents had the following to say about their experience with combination therapy for migraine

“Step therapy was a huge barrier, as was my doctor’s willingness to mix CGRP preventatives with CGRP abortives.”

“My present doctor has not tried anything new in 5 years.”

“One of my main challenges with chronic migraine is many of the oral preventative and abortive treatments (like triptans) don’t work well enough for the severity of my migraines. However, my health insurance won’t approve trying other treatments (like gepants, GPCR, Botox, etc.) until I exhaust other options that clearly aren’t working for me.”

“I also have fibromyalgia and depression so am taking medications that have double uses.”

“The cost of medications is also a problem, especially when you have to take/try so many.”

“Thankfully my doctor and I are constantly going up against my insurance and have gotten things approved. The biggest struggle is the devices as they are expensive and I cannot afford them.”

“Unfortunately for me, it comes down to cost and no time to fight it.”

“Many physicians view combination therapy as unnecessary.”

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